



Helmut Spitzer, Zena Mnasi Mabeyo

In Search of Protection

Older People and their Fight
for Survival in Tanzania

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With a foreword by Leopold Rosenmayr

Klagenfurt/Celovec – Dar es Salaam

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Acknowledgements

This book discusses the situation of older people in the United Republic of Tanzania. It does so from a particular perspective, namely through the lens of social protection. It will be seen that the older generation's search for protection is very much interwoven with broader processes of socio-economic and structural changes, and for many older people it is indeed a fight for survival.

The publication is part of a comprehensive international partnership program between two higher education institutions: the Institute of Social Work in Dar es Salaam, Tanzania, and the School of Social Work at the Carinthia University of Applied Sciences in Feldkirchen, Austria. Our academic cooperation comprises the annual exchange of students and lecturers, a challenging cross-cultural scientific discourse and exchange of professional ideas as well as joint research activities on issues related to social work, social development and social policy.

The partnership program is based on a concept of dialogue and mutual learning, thus enabling a process of adaptation and enhancement of existing knowledge systems and practice models on both sides. This "horizontal relationship" – in the words of the Brazilian educationist Paolo Freire – is a vital element when it comes to cooperation between European and African stakeholders. In a process of critical self-reflection we permanently have to remind ourselves that we act within an unjust global system of structural inequality that is also reflected in the academic realm. We act against the background of completely different facilities and resources which are much more restricted in the African context. Yet, our common work is rooted in solidarity with marginalized and disempowered people and backed by our shared view of the social work profession and its focus on human rights and social justice.

In 2008 we started a research initiative on older people in Tanzania. The project was entitled "The (Missing) Social Protection for

Older People in Tanzania. A Comparative Study in Rural and Urban Areas". We were about to enter a field that had up to then been notoriously under-researched. Older people in Tanzania as well as in other African countries are marginalized in many ways. Their demographic number seems to be too low that politicians pay attention to them. They are neglected by social policy interventions and face the additional burden of being overrun by rapid modernization processes which deprive them of their traditional support systems. They are the ones who care for their children and grandchildren affected by the AIDS pandemic, yet they are ignored by the international development assistance community. Many older people live in abject poverty and literally without social protection, yet they are not even mentioned in the so-called Millennium Development Goals which have been launched by the international community with the ambitious objective to halve the world's population suffering from extreme poverty and hunger by the year 2015. It was our goal to contribute to the discourse on older people in Tanzania by delivering empirical facts on their living conditions and their fight for survival, but also to provide space for their voices which remain too often unheard.

Our big thanks go to the Commission for Development Studies at the Austrian Agency for International Cooperation in Education and Research (OEAD) in Vienna which generously funded the research and this publication. We also express our gratitude to our research companions, namely to Hossea Rwegoshora, Daud Chanila, Furaha Dimitrios, Azieli Elinipenda and Adrophina Salvatory from the Institute of Social Work in Dar es Salaam. Special appreciations are directed to the representatives and members of the two age care organizations that supported our research: CHAWALI in Lindi and Social Concern Agency in Dar es Salaam. Particular thanks go to Abdallah Majumbah, chairman of CHAWALI,

a very inspiring person who bestows his time and efforts towards the well-being of his own age group with great commitment and dedication. He was even so courageous to consent to his depiction on the front cover of this book. Thank you Gregor Chudoba from the Carinthia University of Applied Sciences for proofreading the book manuscript – you have been invited a long time ago but only given very limited time to do your good work for us. We appreciate the fact that Professor Leopold Rosenmayr, a pioneer of ageing research both in Europe and in Africa, enriched our book by his foreword. We also wish to thank the two publishers, Drava in Austria and Mkuki na Nyota in Tanzania, for being patient with us since we delayed the production of this book due to academic overload and multi-tasking.

Last but not least we feel very much obliged to the more than 400 older people who willingly shared their views and experiences with the research team and who broadened and enriched our analysis so much.

We hope that this book will inform and inspire scholars, students, practitioners and policy-makers on the importance of the role older people play in society. The way we deal with the older generation indicates the degree of our humanity.

Dar es Salaam and Feldkirchen, July 2011

Zena Mnasi Mabeyo and Helmut Spitzer

Foreword:

Personal experiences in a changing continent

Leopold Rosenmayr

30 years ago I stood in a line of applicants for an exit visa in a police office at Bamako, Mali. It was extremely hot and I became very tired after having waited there for more than one hour. I pointed at the growing grey and white parts of my hair and said to the police officer: "Sir, I have often experienced that older people are especially respected in Africa. Could you please help me to get my permit quickly?" The man took my passport to a backroom and returned instantly with the validation I needed. I thanked him and disappeared from the office.

20 years later I had to line up again for a permit at a police station in Bamako and begged for quick handling by saying: "Sir, I have often experienced that older people are especially respected in Africa. Could you please help me to get my permit quickly?" "This respect," said the man in uniform behind the desk, "still exists today." And after a short moment he continued: "But much less than it used to exist in former times."

He dealt with my case quickly but I could clearly feel and see that he was not willing to make an exception on account of my age. In this moment I understood that something was changing in Africa.

In a period of several decades of study in various African countries and with ethnic groups like the Dogon and the Bambara, I have made it a rule to return always to the same villages and clans. So I could follow the children's development from their birth-rituals and baptisms to their marriages.

In one of the clans I knew well, the sons regularly put respectable sums of money on the table in their parents' huts when they returned from their seasonal work in town. Once I visited the clan again and was surprised by a big change that had taken place.

Instead of money, the sons put a new radio set on the table and leaned a new bicycle bought in town against the outside of the parents' hut. The bicycle clearly should serve their own mobility between the villages. There was no money for the old to buy food like rice or maize. The parents had to sell some of their sheep to survive.

In Cameroon, I once stayed with a catholic peasant and his two wives in a small hut for myself and could share the food with the family. The man kept the small church clean and served at mass. He informed me about a poor old woman living not far away in a small wooded valley with her 10 year old grandson. The boy's parents had both died in a bus accident on their way to work in town. So the old woman, a widow, and the boy tried to survive in the isolation of the valley.

I bought food from a local market and found some transportation to the valley. The woman lived with the boy in a cave near the small brook flowing through the valley. Her home was shielded by a wooden roof in front of the cave against the floods of water pouring down during the rainy season. The old woman was very kind and grateful. Next to the entrance to her cave she showed me a tree. She said she plucked leaves from this tree to cook soup for the boy and herself when they had nothing else to eat. She said that prayer kept her alive and that she never gave up hope to survive. When she said that, the woman smiled at me and thanked me for the food I had brought.

It was too far for her and the boy to go to church. God however would always send somebody to help her to stay alive. Confidence was for me the present this African woman gave to me. I learned from her to hope even when the chances for fulfilment were small.

Let me end with a story of success in the "search of protection in Africa".

Examples are necessary stimuli. But they can hardly be recommended to be taken as general models in “search of protection” in a continent with so varied conditions as they prevail in Africa.

Supported by Alpha Omar Konaré, who was at that time President of the Republic of Mali, Dr. med. Heinz Stemberger, Professor of Tropical Medicine at the University of Vienna, Gaoussou Traoré from the Ministry of Social Affairs, a pioneer in building institutions for various forms of social help in Mali, and myself, we founded a Centre for Gerontology and Geriatrics in Bamako. We received financial help from the Austrian Republic and were supported by its Federal President Dr. Thomas Klestil to send diagnostic equipment to our centre in Bamako.

Suffering elderly people were brought to the centre by members of their clans in order to receive well-documented diagnoses. So the patients could be taken to a hospital or received medicaments for free and could consume them under the supervision of relatives who could read and write. Hardly any of the geriatric patients ever had had a chance to go to school.

The most spectacular instances of success at our centre proved to be the cataract operations. Particularly craftsmen like leather workers, mechanics, silver workers or goldsmiths profited from these operations offered to them free of charge. Some patients could be taken home by family members shortly after the surgical interventions. They were able to continue to work after a short period of rest. For them this operation meant a continuation of their social and economic lives.

We could understand more and more that also in Africa the re-establishment of the capacity of individual self-help was a most necessary form of social intervention and will be more so in the future.

I am confident that the stimulating and serious book “In Search of Protection” – which combines perspectives of an African and a

European researcher – will serve to direct practical interventions to save older people from poverty and ill health in Africa. It is one of the most important tasks of the early 21st century to explore the most imminent needs of the old, and by doing this to find the appropriate paths for help and protection needed in the African continent.

Social and cultural change in Africa will be fast and poverty will limit the indigenous generosity to protect and to assist. It is difficult for the poor to help the poor. For this reason, I recommend to increase the potential for self-help. In some Indian states and regions public support has been successful in order to rescue the very poor.

Hardship is to be expected in the future. Technology and mass media may help but they will also reduce the respect for traditional wisdom and authority of the old. The old often resolved conflicts in the villages and between clans. This capacity enabled them to play a quasi redemptory role in a traditional clan-based society.

Modernization in Africa will further push aside traditions. It needs understanding as well as generosity on our side to help Africans in their transitions.

In Mali, I assisted sessions in elementary schools where very old people were invited to tell the young children about their own childhood in the villages and the panthers they encountered between the huts. The children followed these special educational events in their classrooms very attentively. It was quiet in the classrooms when the old spoke. Their historical authority was respected.

This may be a side-line. But whatever may enhance intergenerational respect is useful in the storms of globalisation and on account of the losses of interpersonal empathy which we experience in Africa but also in our own countries.

Therefore, I would hope this book will further both the development of gerontological research, policy and practice in Africa as well as the bidirectional exchange between the European and African scientific community, allowing both sides to benefit from the insights described herein.

Leopold Rosenmayr was born in 1925 in Vienna, Austria. He is professor emeritus in sociology and social philosophy at the University of Vienna. In his studies and publications he tried to understand the ideological and social changes and developments in Europe, and he tried to document them by socio-historical methods as well as by empirical sociological field research. He has been researching on ageing issues for decades.

Parallel to these analyses he has been travelling to Africa for several months, practically every year. He tried to penetrate into the myths, rituals and traditional social orders which began changing rapidly and gave way to manifold western influences.

Professor Rosenmayr has published widely on issues of ageing, both with regard to European as well as African contexts. His research and writings are internationally recognized.

1. Introduction

“There is no subject of greater importance than the ageing of the population and the provision of social protection for older people. It affects the very nature of our societies and concerns not only older people, but all sections of the population.”

Joseph Stiglitz

Population ageing poses a big challenge to both industrialized and developing countries, albeit demographic and socio-structural changes vary considerably between different geographical contexts. The African continent seems to be much neglected in the international discourse on ageing and corresponding gerontological and socio-political challenges. Sub-Sahara Africa has been described as being not only the poorest, but also the youngest region in the world where the majority of the population (64 %) is under 25 years of age, and only five per cent are aged 60 years or older (Aboderin and Gachuhi, 2007, p. 2). Such figures obscure an almost unnoticed but dramatic demographic change that will take place in the next decades. This demographic shift will not so much be seen in an increase of the *proportion* of older people, but rather in a large increase of the *number* of people aged 60 and above. For example, population forecasts for the United Republic of Tanzania assume that the number of older people will almost quadruple in the next forty years: from 2.2 million in 2010 to an estimated 8.4 million in 2050. In terms of percentage this corresponds with a rise of 4.9 to 7.7 per cent (United Nations Population Division, 2009). The expected demographic increase will occur despite high mortality rates due to the AIDS pandemic that severely affects many African countries (Velkoff and Kowal, 2006, p. 56).

In Tanzania as well as in most other African countries, these demographic projections do not correspond with the plans and ex-

isting programs to address the needs of older people. In the above quotation by Nobel Prize winner Joseph Stiglitz (taken from Gorman, 2004) it becomes clear that the provision of social protection for older people and other vulnerable population groups lies at the core of the forthcoming challenges for societies in the 21st century, not only in Africa. For older people, pensions are a key component of social protection systems. Yet, in most sub-Saharan countries formal social security systems such as pensions are poorly developed. In Tanzania only a small portion of about five per cent of the older generation benefits from pensions, hence the predominant majority relies on informal and non-state regulated forms of social protection which are mainly provided through family and community support structures. Again, these “traditional” support networks are overstretched and in a steady process of being weakened and diminished. In our empirical study on older people in Tanzania a startling ratio of 46 per cent of aged study respondents indicated that they totally lack any kind of family support (Spitzer, Rwegoshora and Mabeyo, 2009). The reasons for this erosion of support mechanisms are manifold and should not be generalized but rather empirically contextualized and verified. They are partly due to rapid modernization processes which do not stop at Africa’s borders. Globalization, urbanization, rural-urban migration as well as cultural and social change are among the factors which not only affect older people but all generations and their intergenerational relations. In addition, Tanzania is facing a lot of socio-economic problems and challenges that also directly or indirectly have an impact on the lives of older people and the capacities to support them. If persistent and widespread poverty distresses major parts of the population, then solidarity structures also suffer. And, apart from chronic poverty in the country, AIDS also causes serious challenges for families and communities, particularly with regard to a growing number of households headed by older people who have to take care of their orphaned grandchildren (HelpAge International, 2004; see also May, 2003). Despite these develop-

ments and problems it has to be stressed that the family still plays a key role in the support of older people. As evidence from ageing research in Africa suggests, there seems to be an ambiguous picture of apparent continuity, but also change, in the family support situation of the old (Aboderin, 2006, p. 10).

Population ageing and its complex linkages with other broad developments and changes do not only refer to and affect older people, but all sections of a society, hence political action must also be seen through a broad analytical lens. In this book our lens is much influenced by a social protection perspective. Social protection has taken a long route to become part of the political agenda of both the international development community as well as of African governments, and its significance in concrete political action is still questionable. According to our view, older people are substantially neglected in the ongoing social protection dialogue. Although there seems to be a growing scientific interest and academic reflection on social protection issues in Africa (Ellis, Devereux and White, 2009; Oduro, 2010), only some isolated voices from the international scientific community (Cohen and Manken, 2006), a few African scholars (Kaseke, 2005) and a limited number of international organizations such as HelpAge International (Gorman, 2004; Schubert and Beales, 2006; HelpAge International, 2008a) try to push older people's issues on the social protection agenda. We hope that this publication will contribute to these efforts.

The book is divided into six chapters. After the introduction we provide an overview of the situation of older people in Tanzania (*chapter two*), wherein we discuss concepts of old age against the background of an immense cultural, linguistic and ethnic diversity in the country, thus making generalizations difficult or rather impossible. After a brief discussion of the present and future demographic picture, we focus on broader structural changes and their effects on older people, with particular regard to poverty. It will become clear that poverty and vulnerability show an evident cor-

relation with old age, and that poverty rates in rural contexts are significantly higher than in urban settlements.

In *chapter three* we look at different political levels and how older people's issues are reflected in their respective agendas. At the international dimension there are some major policy commitments which provide a clear base for the promotion of older people's rights and the fulfillment of their needs, most prominently the *Madrid International Plan of Action on Ageing*. We also discuss the link between ageing and other international events and declarations such as the *World Summit on Social Development* and the *Millennium Development Goals* (which do not provide specific references to older people). With regard to Africa, the African Union launched a *Policy Framework and Plan of Action on Ageing* which serves as a blueprint for national governments to incorporate ageing issues into their social policy papers and development programs. As one of the first African countries, the United Republic of Tanzania gave birth to a *National Ageing Policy* which clearly stipulates the promotion of health care, participation and income security for older citizens. Yet, paper does not blush, and most political commitments at these levels lack concrete implementation, as is the case in Tanzania where there is no law that enforces the implementation of the Ageing Policy to date.

In *chapter four* we start with a general discussion on concepts and definitions of social protection. There is a lot of confusion and controversy, even rivalry in the international dialogue. In our opinion meaningful concepts and approaches have to take into account the social realities in an African context. Such factors are a low coverage by formal social protection schemes (in Tanzania only 2 % of the total population or 4 % of the total labor force are covered by one of the existing social security institutions), the fact that economic activities are to a large extent situated within the sphere of the "informal sector" without proper legislative regulations and social protection in place, and the social contract of a society where informal support and solidarity systems still play

a central role. In our view, a conception of “transformative social protection”, as presented by Devereux and Sabates-Wheeler (2004), can form a suitable base for both academic thinking as well as political action. This model focuses on economic risks and social vulnerabilities and also relates to power imbalances in society. In this chapter we also discuss important social protection documents in Africa, among others the *Livingstone Call for Action* and the *Social Policy Framework for Africa* – two policy obligations of the African Union which are of high relevance to the linkage between social protection and old age. A last section finally deals with the national context of Tanzania. We start with a critical analysis of existing formal social protection systems and refer to a very promising policy initiative, the *National Social Protection Framework*, a comprehensive, multi-sectoral national system of social protection. We also make some remarks on two pilot cash transfer schemes and reflect on the debate about the applicability and affordability of universal social pensions in Tanzania – an issue that will be resumed in the concluding remarks of the book.

In *chapter five* we describe the background of an empirical research on social protection for older people in Tanzania and present the key study findings. The research took place in urban Dar es Salaam and rural Lindi, thus focusing on both rural and urban as well as gender differences in old age (Spitzer, Rwegoshora and Mabeyo, 2009). Some demographic characteristics of the study population are illustrated and linked to the overall question of social protection. Thereafter the analysis revolves around the (missing) link between education, formal employment and social protection in old age. We also look at different coping mechanisms that older people apply in their struggle for survival and highlight some crucial problems older people have to face in both urban and rural contexts. The empirical focus is on poor living conditions, lack of access to water and health facilities, and the impact of HIV/AIDS on older people. We examine informal social protection mechanisms provided by families and communities and point at an evident lack

of government and donor support in both study sites. Further aspects in this chapter refer to older people's knowledge on specific rights, entitlements and policies pertaining to them, and to issues of marginalization, discrimination and social exclusion, where we also mention the phenomenon of witchcraft allegations which mainly affect older women. A last section in this chapter provides a report from a "goat loan project" in a rural village in Lindi District. This initiative evolved from our research activities as a concrete follow-up intervention for households headed by older people.

In *chapter six* we reiterate the question of social pensions as a viable way of providing social protection to older people and their families. Universal, non-contributory pensions can be seen as an important instrument to address chronic or shock-induced poverty, to address social risks and economic vulnerability, but they have to be realized in line with complementary social intervention programs to have a meaningful and sustainable impact on the lives of older people. In present-day Tanzania, there is a big gap between political rhetoric and practical implementation.

It might appear to the reader that we depict a rather negative picture of older people in Tanzania. Indeed we acknowledge the multitude of roles older people play in society, and also recognize their achievements, strengths and capabilities. It is not our intention to portray older people solely in terms of being passive recipients of state provisions, or being incapable to fend for themselves or cope with their difficult life circumstances without assistance. This would be an improper overgeneralization. On the contrary, many older people who were involved in our study showed remarkable resilience, flexibility, improvisation and even humor in the face of their daily fight for survival. But we want to stress that the focal point of our research on older people was on the fragile, diminishing, almost absent social protection in their lives. Thus our intention cannot be to embellish their deprived living conditions, their critical day-to-day problems and their changing social status. Instead we hope that the theoretical reflections and empirical find-

ings presented in this book will contribute to a raised awareness about older people's lives and the way society treats them. Is there a balance between the contributions which older people made in their younger years, and which to a great extent they still make, and what society gives them back now? From time to time it would be worth to ask ourselves: What should future policies and protective regulations look like when we anticipate our own old age?

2. Older people in Tanzania: An overview

Concepts of old age and the elderly

When talking about issues of ageing and old age in Africa, one has to consider the extreme diversity of cultures, environments and social structures on the continent that influence the ageing processes and the status of older people with far-reaching differences depending on the national, regional or local context. The variations between the environments and cultures of Tunisia and Lesotho, or Somalia and Congo are more extreme than the variations across some inter-continental divides, such as the differences between Argentina and Italy, or between Algeria and Jordan (Tout, 1989, p. 75). Even when it comes to a national context like the United Republic of Tanzania (which combines mainland Tanzania and the archipelago of Zanzibar), there is such a variety of ethnic groups, cultures and languages (more than 120 languages are spoken in Tanzania), that it is impossible to talk about “Tanzanian culture” or generalize about “Ageing in Tanzania”. Hence empirical research and theoretical studies on older people and issues of ageing have to consider regional, local and indigenous aspects, not to forget religious and spiritual elements with their implication on the realm of old age (where in Tanzania we find a variety of Muslim, Christian and African religions).

From a gerontological point of view, ageing can be seen as a multidimensional process of intertwined chronological, biological, psychological and social aspects. Additionally, it is wise to dedicate some thoughts to the concepts of ageing and old age predominant in a given society. Any serious analysis of ageing has to recognize the societal context and its structural and cultural factors that influence the life circumstances, the social status and the individual biographies and needs of older people (Knapp and Spitzer, 2010). Thus the concept of old age can be seen as a cultur-

ally determined social construction. In such a sense gerontological efforts are located at the intersection of history and biography, of the social and the individual, of culturally determined images of ageing and the concrete everyday life of older people. Such a multi-facetted approach considers the historical, political and socio-economic context of a society; it recognizes family structures, gender and age relations and how they are influenced by processes of modernization and social change, as well as ecological and health-related issues that affect the lives of older people. As Heslop and Gorman (2002, p. 3) put it, in general it can be said that a universally applicable definition of what constitutes old age is notoriously elusive.

In so-called developed countries where life expectancy is increasing and people spend at least one fourth or even one third of adulthood in retirement, chronological distinctions are sometimes made between the *young-old* (ages 65–74), the *old-old* (ages 75–84), and the *oldest-old* (ages 85 and above) (Moody, 2010, p. 5). In a country like Austria where average life expectancy is 77.7 years for men and 83.2 years for women (Statistics Austria, 2011), such chronological parameters might be applicable and meaningful. But the concept of chronological age as applied undisputedly in industrialized countries has far less importance in “developing” countries (Heslop and Gorman, 2002, p. 4). Given the fact that the average life expectancy in an African context like Tanzania is almost 30 years less than that of many European countries (51 years according to National Bureau of Statistics, 2011), it might not be surprising that from a European point of view sometimes the question is raised whether there are older people in Africa at all. We argue that when discussing issues and concepts of ageing and old age in a sub-Saharan context, some words of caution and sensitivity have to be raised.

While both the United Nations as well as the United Republic of Tanzania in its *National Ageing Policy* (2003a) define older people as those aged 60 years and above, we suggest that such definitions should be challenged. Chronological age may be a much poorer in-

indicator of being elderly than social standing (Cohen and Manken, 2006, p. 13). In our own study on social protection for older people in Tanzania we decided to set the definition with 50 years of age and above in order to not only consider chronological parameters but also functional and social aspects of age that seem to be more appropriate for an African context (Spitzer, Rwegoshora and Mabeyo, 2009). Such aspects can be the seniority status of a person within his or her community, the roles assigned to older people, or perhaps even more importantly the loss of roles accompanying physical decline or other changes in status such as widowhood, which are of local significance (Heslop and Gorman, 2002). For example, in some Tanzanian cultures a woman who is no longer able to give birth is considered to be old, irrespective of her chronological age. The loss of her reproductive capacity can be associated with a major loss of her social function in the community.

In the Tanzanian *National Ageing Policy* the concept and meaning of old age is defined as follows:

In Tanzania an individual is recognized as an older person based on age, responsibilities and his or her status, for example, a leader at his or her work place or in a clan. (United Republic of Tanzania, 2003a, p. 2).

This definition provides a combination of chronological and social aspects of old age, still it has to be mentioned that the concept of chronological age is not very important, if not completely irrelevant for some societies, particularly in rural areas. As was shown in our empirical study, sometimes birth registration is poor, and many older people do not know their age in exact terms of years. Rather physical features or historical facts are used to estimate a person's age.

Example:

In the course of preparing the research project, the two authors visited various households of older people both in rural Lindi and in urban Dar es Salaam. Thereby we came across different ways in which

the respondents identified their age. One example was given by an old lady dwelling in a slum area. When we asked her about her age she laughed and said that she did not know it. But she told us that she was born a few years after her sister called *Reli* (Swahili for railway). Her sister was named after the finalization of the *railway* to Mwanza, hence this historical information allowed an assessment of the actual age of the woman. Many similar examples were given throughout the research process.

In a study conducted by Shundi and Bashemererwa (Shundi, n.d.) various factors by which older people in Tanzania categorized themselves or were categorized into old age were explored. Findings on the linkage between old age and the reproductive status of an individual showed significant gender differences. The categorization into old age has social aspects which stratify older women and men into groups according to the social roles and responsibilities they are expected to perform in the family and kinship structure as parents and grandparents. Those whose peer groups or spouses were expected to perform roles of grandparents were categorized into old age and expected to behave as such. Interestingly, village respondents categorized women differently in terms of chronological age than men: Thus women defined as old had ages ranging from 45 to 79 years while ages associated with old men ranged between 53 and 90 years. The researchers attributed the earlier females' assumption of old age status to the fact that women marry earlier than men. This not only results in their becoming mothers and grandparents at an earlier age, but also speeds up the development of ill health symptoms resulting from the wear and tear of their bodies due to both child birth and stress of the care for the family.

In another study on older people in poor urban communities in Kenya the question was raised who is regarded as being old: Respondents identified old age mainly in terms of physical features, appearance, reproductive experiences and the roles older people play in their community, especially in arbitrating disputes and providing guidance and local leadership (Ezeh et al., 2006).

Although criticism towards a purely chronological concept of old age in African societies is indicative, it has to be borne in mind that such age limits play an important role when it comes to older people's access to services and resource allocations. For example, in our study older people complained that they were refused free health care because they were not able to prove their age of 60 or above which would entitle them to such services. A startling 78 per cent of study respondents indicated that they have to pay for their medical treatment (Spitzer, Rwegoshora and Mabeyo, 2009, p. 35).

With regard to social aspects of old age, sometimes notions of respect and esteem towards older people in Africa are raised. Through his longitudinal research in Mali and subsequent field observations in other African countries, Rosenmayr (1988) emphasizes the significance of a "seniority principle" underlying the social structure of African societies. He argues that in spite of differences between ethnic cultures and modes of production on the African continent, the old person, particularly the old man, has prestige and power *on account of his age*. In this sense seniority is a widely applicable principle of power distribution.

Its formal scope is broader than the often quoted 'experience' or 'wisdom' of older individuals would legitimate. It is not the accumulated individual knowledge of the old which matters primarily. This knowledge is sometimes an argument used to legitimize a posteriori the power which the old have to enforce norms and make decisions. *Seniority gives power to privileged subgroups who affirm traditional rules as representatives of the collectivity.* [original emphasis] (Rosenmayr, 1988, p. 29)

But the author also states that there are indeed signs "that the high traditional status of African elderly is already in the process of erosion." (op. cit., p. 22) This process of devaluation is mainly due to the effects of modernization, urbanization and the introduction of new technologies that significantly lower the prestige of the older generation. From a modernization theory perspective it is assumed that the status of the elderly declines as societies become

more modern (Moody, 2010, p. 7). With regard to the situation in Tanzania where rapid and dramatic structural changes took place over the last three decades, such a view can cast interesting lights on the current situation of older people. Tanzania passed through a vibrant transition, leading from a society based on the principles of *ujamaa* (a Swahili term meaning something like familyhood which was also sometimes referred to as “African socialism”) to a reorientation towards market-based principles and a neoliberal model of macroeconomic policies, with all the negative “side-effects” of mass impoverishment despite remarkable economic growth rates. It has to be noted that under *ujamaa* politics, particularly in the *Arusha Declaration*, the care for the aged was described as being the shared responsibility of the family, the village community and the state (Mallya and Mwankanye, 1987). Mwami (2001) in his radical critique of a Western-based social gerontology approach attacks the lack of a historical perspective in analysing the problems of ageing and understanding the social problems of elderly people in present-day Tanzania. He argues that the phenomena of industrialization and urbanization in African societies should not be abstracted from their historical and social contexts; hence he locates their origins and mainly negative impacts in the long-lasting heritage of colonialism and states that pre-capitalist traditional societies did not face such problems. The author depicts a rather ideal image of the pre-colonial normative context of old age:

In these societies, the elderly did not see themselves as a burden or as a problem – even if they were unable to produce enough for themselves. They expected others to care for them when they could no longer do so. Entitlement to care was naturalised within the culture, and elders did not have to negotiate care as if it was a favour, rather it was perceived as a right. (Mwami, 2001, p. 195)

In our opinion such views run the risk of glorifying ancient times in a philosophy of “the good old days” where older people were unconditionally respected and cared for and where they enjoyed an undisputed high social status. Historical evidence negate assump-

tions that all older people in pre-industrial societies enjoyed full status and support within the bosom of the extended family, as has been stated by Aboderin (2006, p. 9). Instead we rather agree with a perspective that acknowledges *ambivalence* at the core of the history of old age; that there was and still is a parallelism of both resentment and guilt, both honour and oppression, respect and neglect (Moody, 2010, p. 8). In our empirical study we came across evidence of vivid solidarity when it comes to the question of care for older people – despite the fact that entire communities are affected by severe and chronic poverty. But we also collected data indicating an alarming number of 46 per cent of older people who felt totally neglected and did not receive any kind of assistance from their families (Spitzer, Rwegoshora and Mabeyo, 2009; for more detail see the empirical section in this book). In some research sites, particularly in metropolitan Dar es Salaam, we frequently came across the Swahili saying of “Umepitwa na wakati” which can be translated as “You are outdated”, thus signifying an aspect of intergenerational conflict with a tendency of blaming older people. From a gerontological point of view such incidences can be analyzed under the framework of a concept that has become known as “ageism” – referring to age-related discrimination. Lymbery (2005, p. 13) describes ageism as “a process whereby older people are systematically disadvantaged by the place that they occupy within society.” In European countries much of the public discourse on older people revolves around the issue of a sustainable pension system. Lymbery (ibid.) analyses the fact that the demands of older people for a decent standard of living are seen as representing a burden on the state is indicative of the way in which the presence of older people is seen as problematic. Hence, negative stereotypes overshadow older people’s resourcefulness and their positive contribution that they can make within society. This observation seems to be applicable to the Tanzanian context, although the core of the conflict does not revolve around pension schemes (which in present-day Tanzania can be described as almost non-existent) but rather refers to

limited resources, thus affecting the entire population and creating a general culture of survival with elements of a Social Darwinist 'survival of the fittest'-ideology.

To sum up, the concept of old age in Tanzania is a very complex one, and we could only give some basic comments on it. In the empirical part of this book we shall provide a perspective on the situation of older people that is both gender-specific and takes into account various differences in rural and urban contexts – two aspects that, in our view, are very crucial in reflecting on concepts of old age and the elderly in an African context. Last but not least we want to draw attention to a perception of older people that emphasizes a positive perspective on the ageing process. Such a perspective does not ignore deficits in old age, it does not overlook processes of physiological decline, the loss of capacities and certain changes of social roles, and yet its focus is set on competences and capabilities of older people (Spitzer, 2010a). In our research we have witnessed that, despite precarious life circumstances and a factual absence of formal social protection mechanisms that might mitigate the multiple jeopardy of daily life, older people show a tremendous resilience and will to contribute as much as they can to the well-being of their beloved and to their own quest for survival.

In writing these lines, we reminded ourselves of a quotation of the writer and ethnologist Amadou Hampâté Bâ from Mali who is said to have coined this famous phrase: “The death of an old person in Africa is like the burning of a library” – thus stressing the resourcefulness, wisdom and rich experience of oral history of the older African generation.

The demographic picture

While in Europe some researchers and politicians indulge in polemics about a conspiratorial “demographic time bomb”, the prognosis in many African regions seems to qualify more for such a

dramatic rhetoric. In Africa an almost unnoticed but significant demographic change will take place in the next decades – this picture became very clear at the *First East African Policy-Research Dialogue on Ageing*, held in September 2007 in Nairobi:

While the proportion of persons aged 60 years and over in national populations will remain lower than in other world regions – rising to only 8 % by 2050, compared to 24 % in Asia, Latin America, and the Caribbean, the absolute number of older persons in SSA [sub-Saharan Africa] is projected to rise dramatically over the same period: from 37.1 million to 155.4 million – a more rapid increase than in any other world region and for any other age group. (Aboderin and Gachuhi, 2007, p. 3)

For some scientists it might be astonishing to hear that the number of older people in sub-Saharan Africa is growing more rapidly than in the developed world and will continue to do so in the future (Velkoff and Kowal, 2006, p. 56). “This increase in the number of older people will occur despite the excess mortality due to AIDS that many countries are currently experiencing.” (ibid.) Velkoff and Kowal note that some of the misconceptions of “No older people in Africa” are based on the fact that there is actually a rather small increase in the *proportion* of people aged 60 and above, but this masks a large increase in the *number* of people in this age group (see figures above). Aboderin and Gachuhi (2007, p. 3) stress that, contrary to widespread misconceptions, older people in Africa will on average live many years beyond the age of 60. According to sources of the United Nations, life expectancy at 60 years of age in sub-Saharan Africa is currently 15 years for men and 17 years for women, hence it does not differ markedly from that in other world regions.

One might argue that a demographer’s job can be challenged with a series of uncertainties. Demographers describe the structure of a population according to age, gender and national origin; they recognize changes in the structure of the population and analyze their causes and consequences. Thereby demographic prognoses

depend on assumptions of developments of *fertility* (development of births), *mortality* (development of deaths) and *migration* (emigration and immigration). These prognoses definitely have their uncertainties, and for certain, one can only say something about the previous periods and the current situation (Eriksson and Wolf, 2005, p. 35; for an elaborate discussion of demographic features and the dynamics and context of population ageing in Africa see Abo-derin, 2005; Velkoff and Kowal, 2006).

Below we present some figures depicting age structure diagrams (“population pyramids”) of Tanzania for the years 2010 and 2050 (figure 3 and 4). For comparative reasons we decided to also show the demographic structures of a European country (Austria) (figure 1 and 2). It has to be noted that these figures are drawn from the U.S. Census Bureau (2010) while data referring to older people’s proportions are based on sources from the United Nations Populations Division (2009). Additional data has been drawn from the latest Demographic and Health Survey in Tanzania (National Bureau of Statistics, 2011). There are some variations in the data provided.

As can be seen in the figures, there are significant differences between and within the two countries on the time axis of 2010 to 2050. For Austria it can be said that the geometric shape of its population can definitely not be described as a pyramid since a pyramid is characterized by having a broad base – which is not the case (figure 1). On the contrary it is expected that this base will even decline in the future which is mainly due to low fertility rates. In 2010 the fertility rate in Austria was 1.44 births per woman (Statistics Austria, 2011). The demographic picture of Austria is not of detailed interest here, but to give a rough overview it can be stated that 23.1 % of a total population of 8,387,000 were aged 60 and above in the year 2010, while for 2050 it is said that there will only be a minimum increase in the total population up to 8,515,000, but with an increased older population of 60 and above of 35.8 % (United Nations Population Division, 2009).

With regard to Tanzania, figure 3 clearly demonstrates the demographic features of a population pyramid indicating that the country can be described as being young in terms of age cohorts (47 % of the population is under the age of 15). In fact it can be stated that it is a distinct feature of population ageing in sub-Saharan Africa that the region's populace is still very young, even the youngest in the world (Aboderin 2005, p. 3). The high population growth rate in Tanzania has been brought about by high fertility and declining mortality levels. In 2010 the total fertility rate was 5.4 children per woman, and at the current level, evidence suggests that fertility may have started to decline (National Bureau of Statistics, 2011).

As can be seen in figure 4, the share of the population aged 60 years and above will rise significantly. It is estimated that the absolute number of older persons will increase from 2.2 million in 2010 to 8.4 million in 2050 (United Nations Population Division, 2009), which means that it will almost quadruple in the next 40 years. In terms of percentage, the current figure of 4.9 % is expected to rise to 7.7 % in 2050 (based on population data of 45 million in 2010 and forecasts of almost 110 million in the year 2050). Interestingly, if one analyzes the latest demographic data presented by the Tanzania National Bureau of Statistics (2011), the percentage of older people aged 60+ even accounts for up to 6.3 %. Particular attention should be paid to people in their very old ages: Projections on life expectancy predict a big increase in the number of people beyond 80 years from 172,000 in 2010 to 810,000 by 2050 (United Nations Population Division, 2009), which amounts to an increase of 371 per cent – a figure that poses an enormous challenge for support systems of very old people with a high probability of being in need of support and care.

To sum up, if one looks at the future demographic picture in Tanzania, even if it might be uncertain and vague in its validity, it must alarm policy makers and in fact everybody who is concerned about older people and the social fabric of the generations.

Figure 1: Age and sex distribution for the year 2010, Austria
(Source: U. S. Census Bureau, 2010)

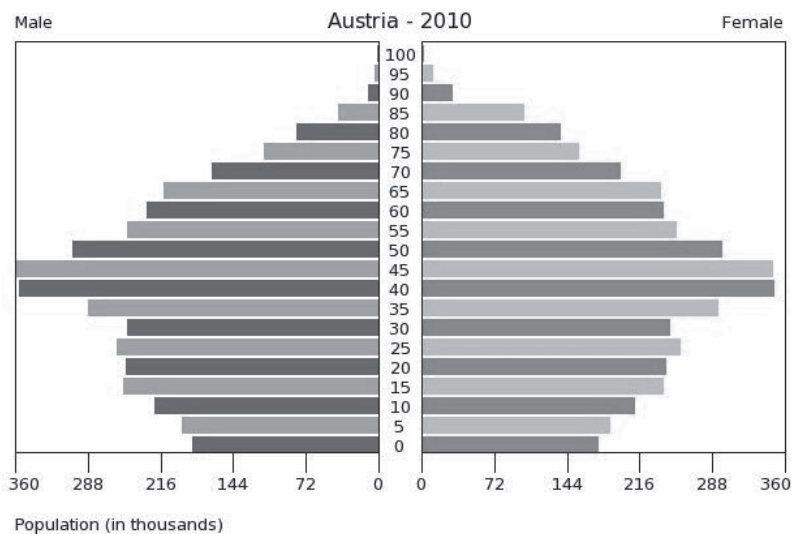


Figure 2: Predicted age and sex distribution for the year 2050, Austria (medium variant of population projections) (Source: U. S. Census Bureau, 2010)

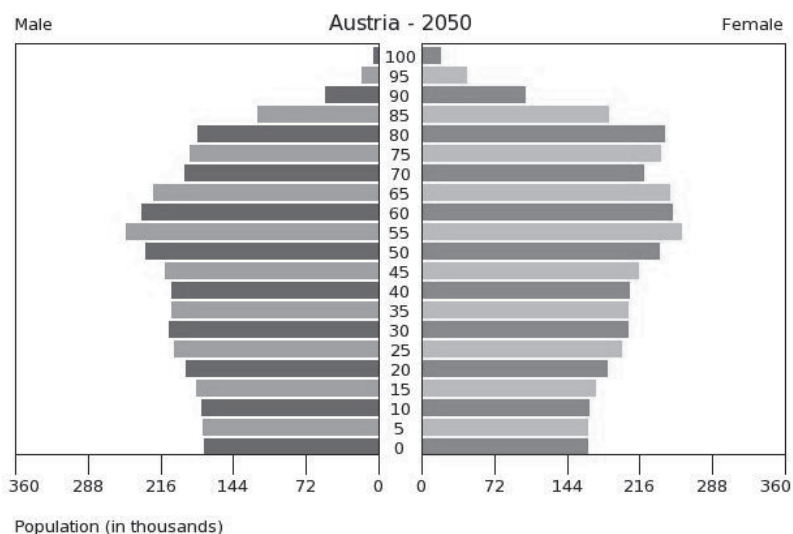


Figure 3: Age and sex distribution for the year 2010, Tanzania
(Source: U.S. Census Bureau, 2010)

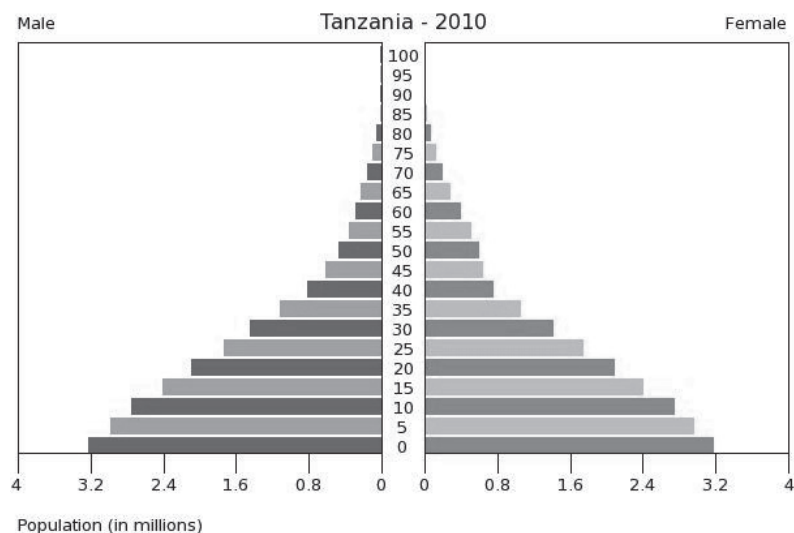
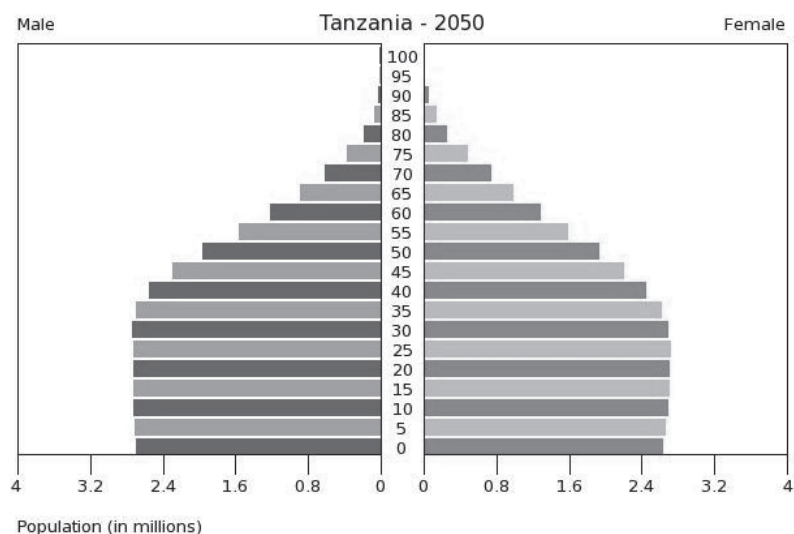


Figure 4: Predicted age and sex distribution for the year 2050, Tanzania (medium variant of population projections) (Source: U. S. Census Bureau, 2010)



Structural change, poverty and old age

The implications of demographic transformations can only be analyzed in connection with broader societal and economic changes. Thus, the situation of older people in Tanzania has to be seen in the context of overall economic and social development prospects and challenges. In the following section we provide some basic information on such structural dimensions. To begin with, we refer to an interesting perception survey called *Views of the People* where the opinions of about 8,000 Tanzanians on economic progress, on changes in their standard of living and on the performance of public institutions were gathered (Research and Analysis Working Group and United Republic of Tanzania, 2008). Therein, a dramatic assessment of the overall situation in Tanzania becomes evident: More people in all income groups, including the relatively least poor, perceive falling rather than rising living standards. More people reported themselves to be currently worse off compared to a period of three years ago when the national poverty reduction strategy was launched. In the survey it also became evident that inequality between the rich and the poor in Tanzania is perceived to be growing. The majority of farmers, pastoralists and fishermen believe that they receive virtually no support from the state, and most complain about the cost of living, particularly the cost for food. Another main conclusion in the survey refers to a growing rural-urban gap in poverty. These views reflect the concerns of a majority of the population, and they clearly indicate that Tanzania, as other sub-Saharan African countries, has been severely affected by global economic conditions such as the international financial and economic crisis as well as increases in oil and food prices which strike the most vulnerable most.

Tanzania boasts a remarkable rising trend in annual growth rates of its gross domestic product, with growth rates of 6 per cent during 2000 to 2005 (Utz, 2008) and even 7 per cent since 2005 (United Republic of Tanzania, 2010). However, despite promising

growth rates, the incidence of income poverty did not decline significantly in the same period. According to government sources, out of every 100 Tanzanians, 36 were poor in the period of 2000 to 2001, compared to 34 in the year 2007 (ibid.). Income poverty (basic needs and food poverty) varies across geographical regions, with the rural areas being worse off.

Baseline scenarios for economic growth in Tanzania incorporate differing rural-urban growth rates, thus signifying a worsening of equality in the country. The Gini coefficient (a statistic used in order to describe the degree of inequality in distributions) is said to increase from 0.337 in 2001 to 0.352 in 2015, which means increased inequality and an intensification in the rural-urban divide (Utz and Hoogeveen, 2008, p. 88). It can be said that poverty rates in the rural agricultural sector are widespread. More than 80 % of Tanzania's poor population derive their livelihoods from agriculture (Utz, 2008, p. 5), and – according to another source – it is estimated that 87 % of the rural population are subjected to poverty (National Bureau of Statistics, 2002). If one looks at the indication that older people in Tanzania reside to an extent of almost 82 % in rural areas (MoLEYD and HAI, 2010), the conclusion automatically is that they constitute a significant proportion of the most vulnerable population in Tanzanian society. Hence, poverty and vulnerability have to be seen in correlation with old age.

The assessment of a country's state of development should not be reduced to mere economic indicators but rather based on a multi-dimensional understanding of poverty and development. If we take the broader scope of the Human Development Index (HDI) designed by the United Nations Development Programme, then Tanzania is ranked among the poorest countries of the world. The HDI was modified in 2010; it reflects a composite measure that combines three dimensions (health, education and living standards) based on four indicators (life expectancy at birth, mean years of schooling, expected years of schooling, and the economic indicator of gross national income per capita). The lower the index, the higher a country is re-

garded as being developed. With a HDI of 0.398, Tanzania is ranked 148 out of 169 countries worldwide (UNDP, 2010). The Austrian author of this book was once confronted with a challenging question when he had a gathering with older people in Arusha, Northern Tanzania. The discussion revolved around different conditions of development in Europe and Africa, when an old man raised this query: "Tell me, what is the advantage of being developed?"

In our study on older people in Tanzania it has become evident that widespread poverty and general insecurity have tremendous negative effects on the well-being of older people and cause big challenges for support systems based on solidarity and reciprocity. For instance it has become quite obvious that the rural-urban influx has left the majority of older people in rural areas with very limited support, thus making them lead not only isolated but very poor lives. Older people are particularly vulnerable to chronic poverty due to declining health and continuing livelihood responsibilities (MoLEY and HAI, 2010, p. 9). Old age poverty has even wider societal impacts and tends to be transmitted onto other household and family members. In Tanzania poverty rates among families that include older people are 22.4 % higher than the national average (40.9 % compared to 33.4 %). These figures are particularly important with regard to the observation that older people are the primary care-givers for Tanzania's orphans and most vulnerable children (*ibid.*).

The HIV/AIDS pandemic has significant and long-lasting implications on entire generations. The effects are devastating on sexually active age groups, but little has been done to explore its effects on older people. Yet the older generation plays a particularly important role caring for people affected with HIV in general and orphaned children in particular. In Tanzania 64 per cent out of a total number of 2.5 million orphans are living in a household headed by a person over the age of 55, and there is a strong tendency that the number of children living with grandparents increases in relation to those living with other relatives (HelpAge International, 2004).

The destructive effects of AIDS, coupled with abject poverty, social and economic disintegration and rapid modernization processes such as urbanization and rural-urban migration, tend to exclude a high number of older people from social participation and expose them to highly vulnerable living conditions. Their sometimes precarious living conditions are furthermore exacerbated by an almost total absence of formal social protection mechanisms such as pensions and a tendency of diminishing traditional family and community support networks. Regarding the impact of such a complex set of structural changes, it has become evident in our study that older people are becoming alienated from their children who used to be the primary source of their support (Spitzer, Rwegoshora and Mabeyo, 2009). This is due to the mere fact that the children have to migrate to urban areas to earn a living. On the other hand, life difficulties caused by economic hardship, coupled with other problems like moral degradation, tend to limit not only children and relatives but also other community members and neighbors from assisting their older members. To indicate changes in the family and community sense of responsibility and response to older people's needs, the following citations from Spitzer, Rwegoshora and Mabeyo (2009, p. 41) can explain how some older people viewed the changing role of the community and family in supporting them.

It [the community] does nothing – I am saying this by considering the environment in which older people live, because you can find an older person sleeping in a poor house while relatives are there, but they are doing nothing, nobody is ready to assist. You can find an older person who has no food to eat and he or she can spend a whole day without eating anything. And the relatives are there, but they are doing nothing. As a result older people go for begging to people to whom they are not related in any way. (Old man, age unknown, during a focus group discussion held in Kineng'ene, Lindi)

I will give you an example of one old man in this village. That man had children and grandchildren, he was found dead in his house after

the fourth day. People saw flies on the door – that is when they recognized that he is dead. (66 year old man, interview in Kineng'ene, Lindi)

Having such a scenario in mind, it is high time to bring older people's issues and needs onto the political agenda. In the next chapter, we shall look at this with regard to international, Pan-African and national levels. An optimistic glance reveals: We do not start from zero.

3. Older people on the political agenda: Global, regional and national policies

International policies and programs referring to older people

In this section we highlight some of the international policy efforts and debates on ageing with particular regard to the African context and the issue of social protection. As can be generally stated, the debate on ageing in developing countries is relatively young. It principally emerged in the early 1980s, when the *First World Assembly on Ageing* was launched in Vienna in 1982 (Aboderin, 2006, p. 3). In this initiative led by the United Nations, serious concerns on “humanitarian and development aspects” on ageing with regard to the future welfare of older people in developing nations were raised. In view of assumptions on emerging global demographic projections and declining family support systems, the so-called *Vienna International Plan of Action on Ageing* was launched. Therein the purpose of this international plan is described as “to launch an international action programme aimed at guaranteeing economic and social security to older persons, as well as opportunities to contribute to national development” (United Nations, 1983). Accordingly, a series of paragraphs and recommendations in this document refer to policy action towards effective social security schemes based on the principle of universal coverage for older people. Some comments in the document (section III/f) draw special attention to rural areas where social protection programs are almost non-existent, as well as to the circumstances of elderly women.

Another milestone in the international realization of global ageing issues was the celebration of the *International Year of Older Persons* in 1999. The thematic heading of this UN initiative was “Towards a Society for All Ages”, with a conceptual framework that suggested four dimensions for the observance of this year: The first core element referred to the multidimensional nature of age-

ing, wherein, amongst other aspects, income security, continuing education, suitable housing and an enabling supportive environment for older people have been emphasized (Weisman, 2002). Other dimensions referred to lifelong individual development, multi-generational relationships and the interrelation between population ageing and development. This international event on the situation of older people was very much inspired by the *United Nations Principles for Older Persons* which were adopted by the UN General Assembly in 1991 (resolution 46/91). These principles outline fundamental aspects of social, political, cultural and economic rights of older people and are grouped into five sub-headings: independence, participation, care, self-fulfillment and dignity (United Nations, 1991). In this regard we also want to note that in 1990 the UN General Assembly designated 1st October as the *International Day of Older Persons*, and since then this day is commemorated in many countries all over the globe.

Twenty years after the first UN Assembly on Ageing, a second summit on global issues related to old age was launched. This *Second World Assembly on Ageing* took place in Madrid in 2002 (United Nations, 2002). With “minimal progress” between these two events (Aboderin, 2006, p. 15), a new international policy document, the *Political Declaration and Madrid International Plan of Action on Ageing* provided another courageous policy framework with concrete recommendations to adequately address the forthcoming global demographic and structural developments. In the “Madrid Plan” it is acknowledged that population ageing has become a major issue in developing countries. In the document, differences between industrialized and so-called developing countries are described as such:

Though developed countries have been able to age gradually, they face challenges resulting from the relationship between ageing and unemployment and sustainability of pension systems, while developing countries face the challenge of simultaneous development and population ageing. (United Nations, 2002, p. 6)

As has been stated by Aboderin (2006, p. 14), the concern about old age poverty became the central focus in the discussion held in Madrid. Again, there were several comments on the relevance of sustainable social protection systems in developing countries, and more than ever before, effective social protection was seen as an important means towards the eradication of poverty. Yet it has to be mentioned that documents such as the Madrid Plan, though it is clearly a landmark in global ageing issues, do not have a legally binding mandate, and thus concrete political action towards implementation of such international proclamations remains in the hands of national governments. According to Lloyd-Sherlock (2010, p. 382), there are few, if any, indications that the Madrid Plan of Action has led to significant new policy interventions for older people in developing countries, and the general profile of ageing as global development priority remains minimal.

Arguably, a major barrier to the creation of a clear and meaningful international policy agenda is the absence of an influential global policy community whose primary focus is on older people. Instead, ageing and development remains an esoteric and secondary concern for all the development agencies, and resources remain fragmented and ghettoized. (Lloyd-Sherlock, 2010, p. 382)

Despite such a lack of attention towards ageing issues in international policy, a number of international organizations such as HelpAge International and Global Action on Aging claim that international declarations and principles on older people should ultimately culminate in a *UN Convention on the Rights of Older Persons* that is legally binding on signatory states (like the UN Convention on the Rights of the Child). Such claims are based on a judgment that existing international and regional human rights laws such as the Universal Declaration of Human Rights do not sufficiently protect older people's rights (HelpAge International, 2009b; Global Action on Aging et al., n. d.).

Apart from specific policies and programs designed for older people, there is also a series of international events and documents

that indirectly or implicitly refer to issues of old age and social protection, most notably the *World Summit on Social Development* held in Copenhagen in 1995, and the launch of the *Millennium Development Goals* (MDGs) in 2000, when the international community came up with the ambitious overall objective to halve the world's population living in extreme poverty and suffering from hunger by the year 2015. In the report of the Copenhagen summit several principles, goals and commitments refer to the situation of older people (United Nations, 1995). One paragraph explicitly states the goal to "improve the possibility of older persons achieving a better life." Under the commitments' section a focus of efforts and policies "to address the root causes of poverty and to provide for the basic needs of all" is articulated. Such efforts should include "the elimination of hunger and malnutrition; the provision of food security, education, employment and livelihood, primary health-care services including reproductive health care, safe drinking water and sanitation, and adequate shelter; and participation in social and cultural life" (commitment 2/b) – essential categories that also refer to the well-being of older people. Another commitment (2/d) addresses the linkage between social protection and old age more directly in stating the will to "develop and implement policies to ensure that all people have adequate economic and social protection during unemployment, ill health, maternity, child-rearing, widowhood, disability and old age."

If one looks at the Millennium Development Goals, it is striking that older people are not at all mentioned in this impressive international policy document and its corresponding reports (UN Millennium Project, 2005). The MDGs refer to important problems such as gender disparities in education, child mortality and maternal health, but completely disregard issues of old age that show significant links and overlaps with various targets and indicators set in the MDGs. Based on our empirical study on older people in Tanzania, we just mention a few examples here: prevalence of poverty in old age, gender inequality between older women and

men (with reference to income, education, entitlements and basic facilities such as safe drinking water), as well as tasks performed by older people in relation to HIV/AIDS (in taking care of their infected children and orphaned grandchildren). As has been stated in a report by HelpAge International (2008a, p. 1): “While the MDGs have specific targets on children and youth, they are silent on issues of age, disability and ethnicity.”

Neither ageing issues nor the upcoming discourse on social protection in developing countries have been addressed in the MDGs. Yet the link between social protection and the achievement of the MDGs is evident since the key objective of social protection is to reduce the vulnerability of the poor (Devereux and Sabates-Wheeler, 2004; Schubert and Beales, 2006). With regard to the African context, it can be said that there are some initiatives and programs that take into consideration the growing predicament of older people as well as the need for effective social protection mechanisms for this vulnerable but almost invisible social policy target group. These will be addressed in the next chapter.

Regional initiatives, policy frameworks and the need for research

Although ageing issues are generally still much neglected on the political agenda across the African continent, there are also some promising efforts which have to be highlighted here. Most notably, the African Union (AU) set an important step when it adopted a *Policy Framework and Plan of Action on Ageing* (AU/HAI, 2002). This document emerged from collaboration between the African Union (by that time still the Organization of African Unity) and HelpAge International (HAI), a global network of older people’s organizations which took also a leading part on the issue of social protection for older people across Africa. The Plan of Action serves as a guide for member states of the AU to incorporate ageing issues and the needs of older people into their national policies and programs. Amongst other issues there is a strong recommendation

towards the development and implementation of strategies that extend the coverage of formal and informal social security systems for Africa's older populations. In 2011, the African Union decided on the establishment of an *Advisory Council on Ageing* (AU, 2011). It is intended that this Advisory Council is to be included in an additional protocol on the rights of older people to the *African Charter on Human and Peoples' Rights* (also known as the Banjul Charter). Yet it is questionable how such Pan-African policy statements are perceived by national policy makers, and how long – if at all – it will take until they are translated into national programming and legislation.

Another important policy initiative was launched when ministers and senior representatives of thirteen African countries met in Livingstone, Zambia, in 2006. This conference was launched with the aim of examining new ways to tackle poverty and promote human rights of the poorest people in Africa (Schubert and Beales, 2006). The key outcome of the conference was the so-called *Livingstone Call for Action*, a blueprint for social protection as a key tool for reducing poverty and promoting economic growth. The Livingstone Call has particular relevance for policies pertaining to older people since it has a strong focus on social cash transfers including social pensions (see also chapter 4).

As has already been mentioned above, HelpAge International has played and continues to play a crucial role in the process of putting ageing issues on the political agenda of the African Union and national governments. The organization also managed to publish a considerable number of well-researched regional and national reports as well as a series of journals that provide a good overview of policy developments and practice initiatives on older people: *Ageing and Development*, *Ageways*, and of particular relevance *Ageing in Africa* (for an overview visit www.helpage.org/resources/publications/). HelpAge also circulates a national journal in Tanzania called *Sauti ya wazee* ("Voice of older people"). Research plays a major role in the work of this international organization, and it is

seen to play a vital role in informing policy and program development (Nhongo, 2005).

Thus a last comment here refers to the issue of gerontological research in Africa which seems to be chronically underrepresented in the international discourse on ageing. It can be stated that in the sub-Saharan African region there are major gaps in research, understanding and knowledge on issues of ageing in general and social protection for older people in particular, hence a vital need for more and enhanced research has to be highlighted (Aboderin, 2005). In other words, research on ageing in Africa is still very much in its infancy (Cohen and Manken, 2006). The reasons for this are manifold. Tout (1989, p. 74) states that industrialization and its related consequences on the “breakdown of the extended family” is on the whole taking place somewhat later in Africa than in Asia and Latin America, hence research interest is just in its beginning. Apart from structural impediments such as lack of financial and academic resources, another reason might be the fact that African social scientists have so many other priorities that they do not perceive ageing as an urgent problem (ibid.). The only sub-Saharan African gerontological journal, the *Southern African Journal of Gerontology*, ceased publication in 2000 due to lack of financial support (Ferreira, 2005).

Despite the above mentioned gaps, there are also promising initiatives. In September 2007, the First East African Policy-Research Dialogue on Ageing took place in Nairobi, Kenya, and brought together key representatives from policy, research and practice from several East African countries. The conference was organized by the *African Research on Ageing Network* (AFRAN), an international network on gerontological research issues in Africa (see www.ageing.ox.ac.uk/research/regions/africa/afra), and its overall goal was to contribute to the building of an information base that will promote and support policy action on ageing in the participating countries (Aboderin and Gachuhi, 2007). At this meeting it has become quite evident that the East African societies are almost completely unaware of and therefore unprepared for the upcoming socio-de-

mographic challenges and related future needs of older people. The expectations of policy makers and academics with regard to policy action were rather modest. As one delegate from Uganda put it: “Let us at least raise the level of survival of older people a little bit.”

Another important event will take place in October 2012, when the Africa section of the International Association of Gerontology and Geriatrics (IAGG) will launch the first African conference on gerontology and geriatrics in Cape Town, South Africa. The title of the conference will be *Ageing Africa: Beyond Madrid +10*, and the event is supposed to forge directions for advancing African gerontology, geriatrics and policy action on ageing in the coming decade (<http://iagg.cmc-uct.co.za/>).

The UN Programme on Ageing in conjunction with the International Association of Gerontology and Geriatrics (2007, p. 22) identified ten specific priority areas for research on ageing in the sub-Saharan Africa region. Among other topics, poverty and its effects on older people, strategies to combat old age poverty, as well as formal and informal social protection systems are on top of the research agenda. Aboderin (2010) raises some concerns about such oriented gerontological research in Africa. Her argument is that the current policy discourse on ageing is heavily based on mainly small-scale research that depicts older people in terms of their vulnerability to poverty, ill health and limited family support as well as with regard to their care roles in the context of HIV/AIDS and their sharing of pension incomes with children and grandchildren for the purposes of education and health care. Hence, the contemporary ageing discourse in Africa is essentially what she calls an “advocacy discourse”. This advocacy orientation tends to neglect a precise analysis of older people’s situations and also lacks a thorough theoretical base. Aboderin (op. cit.) supports a critical perspective in ageing research in Africa and suggests new areas of empirical interest: societal age relations, inequalities in old age, global influences on ageing, older person’s quality of life, and the impacts of urbanization as well as dominant neoliberal ideologies upon the elderly.

As has been rightly put by Cohen and Manken (2006, p. 44), in the long term sub-Saharan African governments must give reasonable priority to ageing research and strengthen local research capacities in order to base their intervention programs on thorough empirical evidence. The Tanzanian government claims that more qualitative and locally-specific analysis is needed in areas where there are especially vulnerable people, thus quantitative national data sets can be complemented (United Republic of Tanzania, 2005a).

As a next step we shall now look at Tanzania's older people's political agenda in more detail.

Towards an agenda for older people in Tanzania

Theoretically and politically, the government of the United Republic of Tanzania has shown recognition of the needs and also a certain degree of commitment towards the realization of the rights of its older citizens. This has been done through the enactment of various policies that more or less provide directives and guidelines for older people's service entitlements. In a broader perspective, the enactment of such policies can be conceptualized as a deliberate attempt by the government of the United Republic of Tanzania to safeguard and protect the rights of older people. In this section we direct our attention to some of these policies, efforts, strategies and debates on ageing, with a specific focus on social protection (while the link between older people and social protection is more explicitly discussed in chapter 4).

Very sound debates on ageing issues do not have a long history in Tanzania; they became apparent in the post-2000 era marked by the formulation of the *National Ageing Policy* (United Republic of Tanzania, 2003a). The policy is the result of government response and commitment to effect deliberations of international actions as outlined above.

The government realizes that older people are a resource in the development of our nation. The existence of Tanzania as a nation is an evidence of older peoples' contribution in [the] political, economic, cultural and social arena. (United Republic of Tanzania, 2003a, p. 2)

Tanzania is the first country in East Africa to have set such a concrete policy on ageing. The Ageing Policy is explicitly based on the United Nations Principles for Older Persons and is supposed to set a base for promoting health care, participation and income security for the older population. The rationale for the establishment of the policy was also due to obvious problems that older people were witnessed to face in the 21st century. High poverty rates, ill health, weakening family abilities to support them and increased burden of care for the children of their deceased children due to HIV/AIDS are amongst the fundamental problems which jeopardize the lives of older people (Spitzer, Rwegoshora and Mabeyo, 2009). The Ageing Policy provides a political and legal framework to address fundamental needs and rights of older people – though in practice these policy statements have not yet been translated into action due to the lack of a law enforcing them.

Another policy document which indicates a clear government position of the recognition and protection of the rights of older people is the mother policy – the *Constitution of the United Republic of Tanzania* (1998). Article 11 of the 1977 constitution as amended in 1984, 1995 and 1998 provides for the right to social welfare at times of old age, sickness or disability and in other cases at times of incapacity. In this article it is further stated that “the state authority shall make provisions to ensure that every person earns his livelihood” – we ignore the mere masculine gender form but appreciate the base for universal social protection measurements that are constitutionally provided here.

The *National Strategy for Growth and Reduction of Poverty*, mainly referred to as the Swahili acronym MKUKUTA (Mkaka-ti Wa Kukuza Uchumi Na Kupunguza Umaskini Tanzania), also includes the needs of the elderly. The strategy pursues the goal to

ensure economic growth and to reduce income poverty, and it envisages improved quality of life and social well-being of the citizens. The policy was also formulated to translate the Millennium Development Goals into country-specific plans of action (United Republic of Tanzania, 2005b). In one out of nine operational targets for adequate social protection and rights of vulnerable and needy groups set in MKUKUTA (Cluster II), the Tanzanian government headed for 40 per cent of eligible older people that should be reached with effective social protection measures by 2010. This ambitious target has been definitely missed but was confidently reinforced in the country's second poverty reduction strategy (United Republic of Tanzania, 2010).

We want to mention here that, as an outcome of the implementation of this policy, there is some progress with regard to older people, e.g. a number of older people benefited through a user fee exemption in medical services. However, despite these efforts no concrete action plans have been laid by the government to ensure that MKUKUTA policy statements are mainstreamed into different regional and district development plans. There are some remarkable initiatives driven by the Tanzanian section of HelpAge International to bring older people's issues and needs on the development agenda and to implement projects which try to ensure that the concerns and entitlements of vulnerable people are incorporated into decentralized district planning and budgeting, yet these civil society efforts seem to lack supportive government directives. In an interview, a social welfare officer in Dar es Salaam had this to say when he was asked about the political commitment towards older people's issues:

The majority of the elderly is not being cared for by the government. There is a big gap. Politicians only care during festivals and elections. They only care if they grow old themselves.

Despite promising political documents, it can be said that so far mainly non-governmental agencies operate towards the imple-

mentation of older people's issues in development programs on different levels and in different regions of the country. The existing programs which are largely under the umbrella of HelpAge International, as well as other small-scale initiatives both by the government and other partners, are not likely to be able to deal with the impoverishing factors that affect older people to the required proportion, mainly because of their limited scale and scope (Lerisse, Mmari and Baruani, 2003). If an evaluation of governmental efforts towards the reduction of poverty and the improvement of the living standards of older people and other vulnerable groups is made, one may be right to say that to date there are sound policies but little tangible success that has been practically achieved. Older people still constitute an impoverished, neglected and even excluded population despite the tremendous role they have played and still play in the socio-economic development of the country. There is a major discrepancy between policy and practice – a situation that makes the real life situation of many older people prone to risk, misery and vulnerability.

Precise grounds for this gap between policy and practice have yet to be documented. Perhaps on one hand views as those raised by Aboderin and Gachuhi (2007, p. 5) may hold. These authors argue that government failure to provide adequate policy action for older people may be attributed by the persistent assumption that families continue to adequately care for older people. This is also what the two authors heard frequently when discussing ageing issues with political authorities in the course of our study. However, this explanation negates itself by the evidence that due to rising poverty levels and socio-economic changes the powers and abilities of the extended families to care for their older kin are diminishing. Moreover, HIV and AIDS have even exacerbated the situation as older persons in Tanzania have been forced to provide care and support to more than 60 % of children who have been orphaned due to the pandemic (HelpAge International, 2004). Other reasons that are thought to contribute to the gap stated above include insuf-

ficient awareness of, or interest in the key policy needs of older people, and a focus on other priorities for spending on development and poverty reduction, with older persons largely excluded from such agendas (Aboderin and Gachuhi, 2007, p. 5).

Until now substantial action by the Tanzanian government to bring older people's issues on the political agenda and to assure adequate provision and services for them is still to come. This statement also refers to the issue of social protection, which will be dealt with in the next section.

4. Social protection: Concepts and policies

An issue of controversy: The struggle for a viable definition

Given the breadth, complexity and controversy of the international discourse on social protection, only a selective discussion of key concepts and definitions can be provided here. To begin with, we want to raise the voice of an old man who was involved in our study and who talked about social protection referring to the “total life” of an older person:

Social protection means when a person reaches old age, it actually means his total life. For example he needs to be given food, good shelter and medical care. When he is provided with all these things it means he is protected. If he does not get all these things he will be in trouble. Sometimes older people can be seen begging, so when we see this situation happening to an old person it means he has no social protection, that is how I understand it. (Male focus group respondent, Kineng'ene)

If one oversees the current international debate on social protection, it appears that the term has become an arena of ideological, political and technical controversy. There is a lot of confusion, contradiction and overlap in terms of conceptual and operational terminology among academics, development agencies and policy-makers. Sometimes *social protection* is used interchangeably with *social security* in policy documents and academic papers, thus creating even more confusion. Generally speaking, the concept of *social security* refers to the system of welfare state mechanisms that emerged from the historical context of industrialized countries, thus it is primarily associated with the comprehensive and sophisticated *social insurance* and *social assistance* machinery of the developed world. As such, it seems to be rather inappropriate to the debate in much of the developing world, where higher levels of absolute poverty, combined with financially and institutionally weak

states and a variety of constraints that restrict the range of services offered by the welfare state, pose a set of fundamentally different challenges (Norton, Conway and Foster, 2001, p. 21). Furthermore, certain social security mechanisms such as health insurance, unemployment benefit and pension schemes are very much aligned to formal employment contexts – a social reality that is hardly found in many African countries where economic activities in the so-called informal sector are still predominant, as will be seen in the comments on social protection in Tanzania.

Social protection, as opposed to social security, can be conceived as a wider terminology in both scope and coverage, and it also seems to be more appropriate for developing contexts. Although there appears to be a common understanding that the concept of social protection is mainly a response to the economic and social vulnerabilities that poor people face, there are still “basic disagreements and debates between alternative approaches that are not amenable to consensus or compromise” (Devereux and Sabates-Wheeler, 2007, p. 6; for an overview of the multitude of international definitions see Brunori and O’Reilly, 2010). According to Devereux and Sabates-Wheeler (2004) social protection emerged as a critical response to the “safety nets” discourse in the late 1980s and early 1990s. By that time, the approach of safety nets which was mainly advocated by the World Bank became increasingly criticized as being a residual and paternalistic concept. The World Bank’s approach is mainly based on a social risk management framework that provides “interventions that assist poor individuals, households and communities to reduce their vulnerability by managing risks better” (Oduro, 2010, p. 3). According to Devereux and Sabates-Wheeler (2004, p. 6) the World Bank’s definition and approach has become the dominant framework for social protection, particularly in a number of African countries. These authors take a critical look at the World Bank’s concept and emphasize some of its limitations:

It reflects a limited conceptualization of vulnerability. The key criticism here refers to a lack of consideration of socio-political ele-

ments when talking about the vulnerability of a person or group on one hand and to an almost exclusive focus on economic risks on the other hand. Thus social risks such as marginalization and discrimination which also contribute to poverty and vulnerability are excluded. With regard to older people such factors would for example be the bias against older aspirants who compete with younger people for small-scale credits, or in more general terms ageism as a discriminatory practice to systematically disadvantage and handicap elderly people due to the single criterion of their age.

It does not explicitly address the chronic poor. Social protection efforts tend to concentrate on people who face short-run shocks and livelihood risks, but ignore what the authors call “chronic poor” and “transitory poor” people. This refers to a distinction between what the historian Peter Brown called “shallow” and “deep” poverty: The shallow poor are one step away from those who are already poor and live in destitution, but impoverishment could come at any time, from any number of misfortunes (Wuyts, 2006, p. 3) – a situation that refers to many older citizens in Tanzania and indeed to a big number of the population who are highly vulnerable and at risk, particularly in times of global economic and financial crises.

It focuses on public and market-based social protection strategies. A thinking limited to a narrow technical conceptualization of specific state-funded and state-managed programs may be inappropriate for African countries where there are a number of constraints that restrict the range of social protection services. Due to the economic status of most African countries it can be stated that current formal state-regulated forms of social protection are rather poorly developed and cover only a small fraction of the population and never reach the urban or rural poor (Kaseke, 2005; Cohen and Manken, 2006). Since in sub-Saharan Africa the majority of the population relies on non-formal and non-state-regulated forms of social protection, an inclusive combination of both private and public social protection mechanisms should be incorporated. Therefore an important role exists for family, kinship and

community support structures that might be under severe stress, but which even more so need to be strengthened in order to effectively provide assistance for vulnerable members such as orphans, widows and older people.

Last but not least the World Bank model envisages a limited role for government in social protection provisions. A last criticism in this approach refers to the observation that the state rather concentrates on risk management instruments where the private sector fails, or in other words, risks and vulnerabilities are privatized, and the government refrains from social policy interventions (Devereux and Sabates-Wheeler, 2004) – a clear neoliberal view of social protection which unfortunately seems to be the currently favored model by the Tanzanian government. As Dau (2003, p. 33) puts it: “A push for privatization comes from those who look at the social security sector from the monetary point of view.”

Following the argumentation of Devereux and Sabates-Wheeler, the social protection framework provided and promoted by the International Labour Organization seems to have a much broader conceptualization of poverty and vulnerability than the World Bank model. It combines protective, preventive and promotional measures. Based on these deliberations, Ellis, Devereux and White (2009) in their book on social protection in Africa point out that social protection can be viewed as measures that are geared to ensure:

- ♦ *protection* of the minimum acceptable consumption levels of people who are in difficulty;
- ♦ *prevention* of people who are susceptible to adverse events and shocks from becoming more vulnerable (by stopping them from having to sell their assets);
- ♦ *promotion* of people’s ability to become less vulnerable in the future (by helping them to build assets and achieve stronger livelihoods), which is therefore directed at escape from poverty traps.

Devereux and Sabates-Wheeler (2004) proposed a concept which introduces a fourth, *transformative* dimension of social protection which we also deem suitable to promote a more open definition for the Tanzanian context:

Social protection describes all public and private initiatives that provide income and consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalised; with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalised groups. (Devereux and Sabates-Wheeler, 2004, p. 9)

This conceptual definition provides a thorough framework with some distinct features of social protection. *First*, the definition views social protection as a set of both public and private, both formal and informal initiatives. Devereux and Sabates-Wheeler argue that social protection in poor countries needs to be conceived of more broadly and creatively than in industrialized countries. This argument calls for the important role of non-formal systems of social protection, for instance, those based on kinship and traditional institutions of reciprocity and dependency. These support mechanisms through family and kinship networks, self-help, religious and women's groups as well as other forms of mutual assistance and practiced solidarity in daily life are a vital element in fostering social protection in a country like Tanzania (Steinwachs, 2006). *Second*, the definition locates social protection at the intersection of a needs-based and a rights-based approach. From a needs perspective the concern revolves around material deprivation and the risk of becoming unable to secure adequate food, shelter, health care etc. Thus social protection is an instrument towards food security and a more durable enhancement in future livelihood capacities. From a rights perspective freedom from hunger and destitution is an inalienable human right that should be legislated as such by national governments and delivered as a legal obligation of the state (Ellis, Devereux and White, 2009). *Third*, the definition combines economic and social vulnerability. Thus, a rather narrow

perspective that mainly focuses on “economic protection” through resource transfers to vulnerable population groups is transformed into a broader view that takes into account social risks such as discrimination, marginalization and social exclusion. The combined features of being economically at risk and socially vulnerable can be essentially applied to describe the life circumstances of a wide range of older people in African contexts.

The transformative element of social protection has a strong potential for the promotion of social justice through building the rights of poor, vulnerable and marginalized groups, and it also has the capacity to promote social change and a more egalitarian social order in society. The term “transformation” refers to the need to pursue policies that relate to power imbalances in society that encourage, create and sustain vulnerabilities. Thus it extends social protection to areas such as equity, empowerment of people and economic, social and cultural rights, rather than confining the scope of social protection to targeted income and consumption transfers (Devereux & Sabates-Wheeler, 2004). With regard to elderly people, a transformative perspective does not allow a restricted policy approach towards older people in mere care and charity terms, but rather views older people in terms of empowerment, productivity and enforcement of active participation in social, cultural and political life.

The working definition of Devereux and Sabates-Wheeler elaborates on the mechanisms that deliver social protection. As a result, social protection is perceived as a set of all initiatives, both formal and informal, that provide the following:

- ◆ *social assistance* to extremely poor individuals and households;
- ◆ *social services* to groups who need special care or would otherwise be denied access to basic services;
- ◆ *social insurance* to protect people against the risks and consequences of livelihood shocks;
- ◆ *social equity* to protect people against social risks such as discrimination and abuse (op. cit.).

The same authors in another publication stress the importance that social protection issues are first and foremost a state obligation, and lament that there is too much interference in policy processes from outside, particularly in African countries (Devereux and Sabates-Wheeler, 2007, p. 6).

Too much of the current social protection agenda is designed and financed by external actors – bilateral and multilateral donors, international NGOs, academics and consultants – and not enough is driven by domestic constituencies – national governments, local civil society, citizens.

This process has unsatisfactory and alarming implications at several levels: for the *ownership* of these processes, the *accountability* of delivery and impacts, as well as for the political and financial *sustainability* of social protection programs. Consequently, such programs have to be grounded in domestic policy processes, institutionalized at scale by national governments and underpinned by a “social contract” between the state and its citizens (ibid.).

To sum up, social protection can be defined as a key element of social policy and social development. The concept provides cross-cutting perspectives for social planning, poverty reduction and the identification of especially vulnerable population groups including older people. There is an obvious link between social protection and a. the overall social development of a country, b. the promotion of economic growth, c. the realization of human rights and empowerment of marginalized and poor people, and d. the achievement of the Millennium Development Goals, since social protection has a strong poverty focus. Although older people are much neglected in the discourse on social protection, particularly with regard to African contexts, they should be integral part of every discussion and policy formulation. As a next step we shall now look at developments on the African continent which have significant implications for the older population and in fact for entire generations in African countries.

Social protection in Africa: The "Livingstone Call for Action" and beyond

There is a number of impressive Pan-African, regional and sub-regional social policy initiatives that focus on poverty reduction, social development and social protection on the continent. Africa abounds with declarations, yet sometimes these commitments go far beyond actual achievements, which is partly due to low national and regional capacity in the social sectors (Deacon, 2010). In March 2006, a milestone in terms of specific social protection measures was set when the African Union in conjunction with Help-Age International and the government of the Republic of Zambia launched an inter-governmental conference among thirteen African countries on this topic (ministers and senior representatives came from Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, South Africa, Tanzania, Uganda, Zambia and Zimbabwe). The conference was held in Livingstone, Zambia, and the outcomes and recommendations resulting from the meeting became subsequently known as the *Livingstone Call for Action* (Schubert & Beales, 2006). In this call social protection has been recognized as a basic human right, and cash transfers have been acknowledged as a highly effective, yet under-used development resource in the region. The conference's definition of social protection was described as

a range of protective public actions carried out by the state and others in response to unacceptable levels of vulnerability and poverty, and which seek to guarantee relief from destitution for those sections of the population who for reasons beyond their control are not able to provide for themselves. (Schubert and Beales, 2006, p. 6)

As a consequence, African governments were urged to adopt social protection as an effective strategy for reducing poverty, with a clear timeframe of three years within which cash transfer plans should be prepared and integrated into national development policies and

budgets. One of the recommendations in the call has an explicit link to ageing and pertains to a request for social pensions as a more-used policy option for older people.

In the same year, in September 2006, a follow-up Africa-wide conference on social protection was held in Yaoundé, Cameroon. This *Yaoundé Call for Action* explicitly summoned African governments to implement the Livingstone agreements. Both calls provided important steps to bring the issue of social protection onto the political agenda of the African Union and its member states. In their aftermath the African Union, in collaboration with HelpAge International, has been working on a program to follow up the calls and to inform and build up an African constitution on national social protection programs (Deacon, 2010, p. 168). In 2008 a number of follow-up conferences and initiatives, known as the *Livingston 2 process*, were launched. This process was mainly organized by HelpAge International and comprised six national consultations to examine policy and plans of African governments to extend social protection for their poorest citizens (held in Burkina Faso, Cameroon, Mozambique, Rwanda, Sierra Leone and Tunisia) and three regional expert meetings to review government policy on social protection and debate the outcomes of the national consultations (held in Uganda, Egypt and Senegal) (Beales and Knox, 2008). One of the aims during these consultations was to reflect on the need for a shared and coherent vision of social protection in Africa, including its definition. The definition adopted for the consultations was:

Social protection encompasses a range of public actions carried out by the state and others that address risk, vulnerability, discrimination and chronic poverty. The right to social security in childhood, old age and at times of disability is expressed in a range of international human rights declarations and treaties. Social security transfers in the form of, for example, pensions, child benefit and disability allowances are considered to be core elements of a comprehensive social protection system. (Beales and Knox, 2008, p. 2)

Remarkably, this definition provided a broad framework of social protection, including a strong human rights perspective and a widened notion that also incorporates a dimension of social exclusion through discrimination. Ultimately, the Livingstone 2 process culminated in the presentation of a set of clear recommendations to the first ever *African Union Conference of Ministers in Charge of Social Development* held in Windhoek, Namibia, in October 2008. At this meeting a *Social Policy Framework for Africa* (SPF) came into being. In this document it was noted that social protection has multiple beneficial impacts on national economies, and is essential to build human capital, break the intergenerational poverty cycle and reduce the growing inequalities that constrain Africa's economic and social development (African Union, 2008). Recommended actions in the SPF refer to the necessity to build political consensus and recognize that social protection should be a state obligation, with provision for it in national legislation. Social protection should therefore be included in national development plans and poverty reduction strategies. The policy framework also stipulates a linkage between social policy, social protection and ageing. Recommendations refer to the full implementation of the key tenets of the 2002 African Union's Policy Framework and Plan of Action on Ageing as well as to international instruments such as the UN Principles for Older Persons and the Madrid International Plan of Action on Ageing. AU member states are encouraged to promote the rights of older persons, to enact national laws to include these rights, and to support older persons by effectively addressing their needs through specific programs that are incorporated into national development plans and strategies including social protection. At the *Second Session of the African Union Conference of Ministers of Social Development*, held in Khartoum, Sudan, in November 2010, most of these policy obligations were repeated and reinforced.

In the next chapter we shall now look at the situation in Tanzania. Have these African initiatives and instruments been recognized

and translated into national policy action? We shall first provide a short overview of the current status of social protection debates and policies; thereafter some innovative pilot projects are presented.

Social protection for older people in Tanzania: Tangible reality or distant dream?

The United Republic of Tanzania, like many other sub-Saharan African countries, faces a number of economic and structural impediments to provide adequate social protection mechanisms for its citizens. According to Mchomvu, Tungaraza and Maghimbi (2002), the fundamental social security needs of most people in the country are the result of chronic or structural poverty and only secondarily of conventional contingencies such as sickness, employment injury, invalidity, maternity, unemployment, old age and death. The majority of the poor do not enjoy the advantages of a social system that would provide them with at least the foundations of a humane life such as decent shelter, healthy and sufficient food, safe drinking water, basic health care and education, not to mention that they could at least develop a feeling of basic security in their life which is actually a constant process of hardship and endless fight for survival.

The *National Social Security Policy* (United Republic of Tanzania, 2003c) provides the principle framework for social security in the country. Theoretically this policy document is based on the “three-tier structure” according to the social security concept formulated by the International Labour Organization, namely social assistance schemes (provision of governmental services such as primary health and primary education, water, food security and social relief on a means-tested basis), mandatory schemes (usually compulsory and contributory pension schemes or provident funds financed by both employer and employee) and voluntary or supplementary schemes (such as private savings for retirement or insurance against events such as disability and loss of income).

However, despite the existence of such a framework, the overwhelming majority of the population do not benefit from any of these arrangements. Consolidated data on the scope and scale of formal social protection measures is extremely limited for all sectors – government, civil society and the private sector (United Republic of Tanzania, 2008, p. 7). Available data illustrates that by 2007 only 2 % of the total population or 4 % of the total labor force are covered by one of the existing social security institutions. These figures presented by the United Republic of Tanzania (2008) refer to the six major mandatory government schemes: the National Social Security Fund (for employees of the private sector and non-pensionable parastatal and government employees), the Public Service Pension Fund (for central government employees eligible to receive pensions), the Parastatal Pensions Fund (for employees of both private and parastatal organizations), the Local Authorities Pensions Fund (for local government employees), the Government Employees' Provident Fund and the National Health Insurance Fund. Interestingly, previous studies estimated that the coverage of formal security schemes is slightly higher than the figures presented by the government: Mchomvu, Tungaraza and Maghimbi (2002) stated that about 6 % of the population and 5 % of the active labor force were covered by these schemes. In view of unreliable data it is difficult to assess whether there has been a negative shift in mandatory coverage over the last years. Whatever database is taken into consideration, the figures suggest that the majority of the population mainly relies on informal support and social protection mechanisms, such as assistance provided by the family system, social and community networks and privately organized self-help groups such as *upatu* (cooperative savings initiatives). This observation may be particularly true with regard to women. In terms of gender, the majority of the people covered by formal social security schemes are men since women only constitute a very small minority of the workforce in the formal economic sector.

The general performance of the existing social security institutions is not only poor in terms of coverage, but also with regard to provision of quality benefits and efficiency (Dau, 2003). Tanzania does not have a general social pension program, and there is no reliable data available with regard to the coverage of older people by one of the existing schemes. According to the International Labour Office, 96 % of older people in Tanzania do not have a secure income and thus have to work throughout old age (MoLEYD and HAI, 2010, p. 9). Our own empirical findings revealed that only 22 out of 400 older people involved in our study (5.5 %) turned out to be beneficiaries of a formal pension scheme, only four of them being female (Spitzer, Rwegoshora and Mabeyo, 2009).

The crux of the Social Security Policy lies in the fact that it mainly addresses formally employed citizens and excludes those who are engaged in the so-called informal sector or in agricultural activities. In Tanzania only a limited share of the labor force work within the context of formal employment. The majority of the population is engaged in activities beyond the formal economic sector, which mainly refers to informal sector activities without a legal base and to predominantly unpaid work in rural agriculture. It is estimated that 89 % of economic activities in Tanzania are held extra-legally within the sphere of the informal economy (Skof, 2008). Sometimes this sector is referred to as the *jua kali* sector – based on a Swahili term for “hot sun” it indicates activities carried out in open space, without shed or shelter or other means of protection (Omari, 1995). This is an important feature of many African countries, leaving millions of people with work in an informal (or semiformal) working environment without proper legislative regulations, thus also without a chance of being covered by one of the existing formal insurance schemes. The rural agricultural sector poses another challenge. As has been stated earlier, approximately 87 % of Tanzania’s poor population live in rural areas with poverty highest among households dependent on subsistence agriculture (United Republic of Tanzania, 2008, p. 6) – with no legal frame-

work to be envisaged by a formal social protection scheme when it comes to times of crisis and insecurity.

In view of the limited scope of formal social security schemes and in response to international as well as Pan-African developments as outlined above, Tanzania launched a *National Social Protection Framework* (NSPF) (United Republic of Tanzania, 2008). This document provides a broad framework for an integrated, multi-sectoral program of formal social protection which builds on existing family and community structures but also stresses the central role of the government in a comprehensive national system of social protection. Maybe it is against this policy initiative that Tanzania, among Ghana, Uganda and Zambia, has been defined as a country in a “dynamic early stage” of social protection (Andrade, 2008). The Social Protection Framework acknowledges that “social protection interventions have *transformative potential* [emphasis by the authors] if well-designed and well-implemented and that such interventions could be a ladder out of poverty.” (United Republic of Tanzania, 2008, p. 1) The conceptual framework of the NSPF largely draws on assumptions on risks and vulnerabilities but with a rather comprehensive categorization into four main types: *lifecycle and health related risks* (such as childhood malnutrition and illness, child bearing and rearing, incapacity due to old age), *economic risks* (such as low income, unemployment or loss of livelihood), *environmental risks* (such as drought or flood), and *social or political risks* (such as gender bias, cultural discrimination, social exclusion, corruption, crime and violence, or political instability).

There are also some sections which more directly refer to elderly people, but which also show some contradictions. One paragraph mentions a gradual move towards universal pensions for older people “as the economic condition allows” (p. 29), but at the same time a need is raised to identify sub-categories for targeting extremely vulnerable and eligible elderly over 60 years (for example households headed by older people and affected by HIV/AIDS).

Another section refers to older people's access to affordable health care services. Although no provisions for free medical care for older people are foreseen in the *National Health Policy* (United Republic of Tanzania, 2003b), there are corresponding declarations in the National Ageing Policy and in MKUKUTA. Theoretically, every Tanzanian above the age of 60 ought to be entitled to appropriate care and medications at all government health facilities in the country free of charge. Again, when it comes to the implementation of such lib services, there are a number of constraints such as poor administrative structures and procedures, bureaucratic hindrances, unavailability of proper medical services and medication, as well as reluctance of health care staff and local government officials to adequately deliver to older people the services the latter are entitled to (Spitzer, Rwegoshora and Mabeyo, 2009, pp. 14 and 35). In the NSPF one important recommendation to overcome these obstacles refers to a system where every older person is equipped with an identity card in order to verify access exemption and fee waiver.

The NSPF has various linkages with other key policy documents that principally show Tanzania's commitment towards poverty reduction and the provision of basic facilities for vulnerable population groups. It is in line with its long term policies such as *Vision 2025* for mainland Tanzania and *Vision 2020* for Zanzibar (for a discussion of social protection policies for older people in Zanzibar see Pearson, 2009). In spite of the variety of policy obligations it must be said that the realization of older people's needs has not been given sufficient attention in concrete political action, hence the social protection agenda should be pushed further ahead. More efforts should be made to ensure that the agenda is commonly shared with other important stakeholders at different government decision making levels so that it can be taken on board in the second phase of MKUKUTA. This move is essentially supported and advocated for by HelpAge International Tanzania which has already initiated a country debate on the same issue.

Taking the National Social Protection Framework as a base, one can argue that the policy discourse in present-day Tanzania is in a process of shifting away from a social security perspective to a broader social protection concept. The majority of the citizens are not beneficiaries of one of the existing social security schemes, and new and innovative approaches of social protection are just in their beginning. Such a situation calls for the need of comprehensive social protection mechanisms in terms of cash transfers that shall directly contribute to reducing the economic and social vulnerability of poor and marginalized groups at risk. Below, two examples of such pilot projects which also address older people are presented. We also refer to the discussions on universal social pensions which seem to be one feasible option for a sustainable support of older people in Tanzania.

Pilot cash transfer schemes in Tanzania

Two interesting cash transfer projects deserve particular attention. Both provide small pensions to older people on a means-tested base. One promising approach seems to be through activities set by Tanzania's Social Action Fund (TASAF), an initiative which was established in 2000 as one of the tools for executing the country's national poverty reduction strategy (<http://www.tasaf.org>). TASAF is supposed to provide direct support through non-government and community-based organizations to improve the living standards of vulnerable and marginalized groups including orphans, widows, older people and people with disabilities (Save the Children UK, HelpAge International and Institute of Development Studies, 2005). In its second phase (TASAF II), a pilot project on conditional cash transfers in 40 communities in different regions of the country has been launched. Implementation of the project is sought through local government authorities. Targeting of beneficiaries was reached through a proxy-means test assessment. Although the amount of money given to extremely vulnerable people seems to be very low (6,000 Tanzania Shillings a month which is equivalent

to approximately 3.60 Euro in 2010), this pilot scheme is a first but very important step towards a social policy framework aiming at a national social pension scheme for vulnerable and needy groups including older people (for a detailed discussion of this project see MoLEYD and HAI, 2010, p. 24).

Another interesting cash transfer project that tries to combine social pensions with child benefits in older people-headed households is located in rural Kagera in northwestern Tanzania, an area severely affected by the consequences of HIV and AIDS (Hofmann et al., 2008). The “KwaWazee project” (Swahili meaning “For the elderly”) is a pension fund that provides a monthly pension of 6,000 Tsh targeting older people based on eligibility criteria such as age (over 60 years), living conditions, health status, lack of support and the number of grandchildren in their care. Apart from the monthly pension a child benefit of Tsh 3,000 is given for every grandchild that an older person cares for. The impact of the pensions on the well-being of older people and children living in homes of pension beneficiaries has been thoroughly studied and show a general improvement in the quality of life of older people and their grandchildren. The impact is seen at different levels: the quantity of food and the quality of nutrition have increased; a better coverage of basic household needs has been registered; furthermore there is better protection against crisis, an improved general state of health, a largely improved psychosocial well-being and enhanced school opportunities for the children as has been reflected in the title of the evaluation of the project, namely “Salt, soap and shoes for school” (Hofmann et al., 2008).

Sometimes concerns are raised that such small social transfers may be inadequate to have any meaningful impact on poverty. One parliamentarian in Tanzania is even said to have commented on cash transfers as such: “If you give money to the poor, they might spend it.” Such statements deny the link between effective social protection mechanisms, their effect on poverty reduction and the overall scope of economic and social development in a country.

Significant evidence of the KwaWazee project showed that such initiatives can have a broader development impact since beneficiary households become empowered to invest in small businesses and thus become more able to access credit on reasonable terms rather than becoming dependent on project transfers (MoLEYD and HAI, 2010, p. 25). When we started to conduct our research on social protection on older people in 2008, we also thought of initiating concrete action. A report of a small-scale pilot project that grew out of our empirical research in Lindi will be provided at the end of chapter 5. It is not a cash transfer but a goat loan project.

Towards an agenda for universal social pensions

In recent years there has been a growing debate about the possibilities and constraints of the implementation of a universal, non-contributory pension system in Tanzania. Such “social pensions” can be defined as national entitlements to a regular cash transfer, subject to the single criterion of an age threshold (Ellis, Devereux and White, 2009, p. 25). In other words, the entire older population of a country benefits from such a universal coverage system. As in other parts of Africa, comments coming from an economic perspective frequently render any further discussion superfluous by stating budgetary killer arguments on the non-affordability of such a pension scheme, especially given the limited fiscal resources of African economies. Contrary to such apodictic statements, in a study on the feasibility of a universal social pension in Tanzania which was jointly conducted by the Ministry of Labour, Employment and Youth Development (MoLEYD) and HelpAge International (HAI) (2010), it was concluded that the implementation of such a scheme is both technically possible and fiscally sustainable. It would also contribute to achieving a wide range of national development objectives such as those of the national poverty reduction strategy and the MGDs. The study impressively demonstrates that a universal social pension could be established for the equivalent of one per cent of Tanzania’s gross domestic product, and, not

enough, this cost is most likely to decrease over time. It is stated that

[a] universal social pension is affordable in Tanzania, would not negatively impact on fiscal sustainability and would promote economic growth and development. (MoLEYD and HAI, 2010, p. 70)

As Wuyts (2006, p. 8) rightly says, it was common in the past to argue that a country like Tanzania could not afford to invest in social protection. Wuyts underscores the linkage between social protection and economic development, referring to the historical role that a broad range of social policies has played in economic successes, and states that in a context of widespread and generalized socio-economic insecurity, certain measures of social policy may well be essential to escape from what he calls “a low-equilibrium poverty trap”. He therefore poses the question the other way round: Can Tanzania afford *not to invest* in social protection if sustained pro-poor growth is the key objective? We may add: Can Tanzania afford not to invest in its older generation, given the fact that they played and still continue to play a crucial role in the country’s economic and social development?

It can be said that in contemporary Tanzanian society, despite certain achievements, social protection programs are still in their infancy. The government, private sector agents as well as civil society organizations seem to be caught both unaware and unprepared on the question how to handle a growing need for universal social protection provisions in the face of high poverty rates and a general state of insecurity of the majority of the population. As will be seen in the next chapter, older people not only lack substantial government support but also face particular risks associated with declining informal support structures in the country. If the formal social protection system is in a state of crisis, and if the informal support networks are in a continuous process of being weakened and deteriorated, how then is a growing number of older people expected to survive?

This question brings us to an answer, namely that it is high time for the government of the United Republic of Tanzania, for national age care and international organizations as well as for other key stakeholders to lay a strategic costed plan of action so as to ensure that older people receive non-conditional cash transfers. The trickle-down effects of such transfers to older people themselves, to those whom they care for and to the country's general socio-economic development cannot be over-emphasized here.

5. In search of protection: Evidence from a field-based research

Background, methodology and ethics of the study

Based on the foregoing theoretical and socio-political exposition, we now present, analyze and discuss the findings of a field-based research on older people in this empirical part of the book. The focal point of the study was on a comparative analysis on the lives of older people residing in rural and urban settings taking social protection as an analytical framework (Spitzer, Rwegoshora and Mabeyo, 2009). Since the project was launched by an international team with a strong Tanzanian group of researchers and an Austrian coordinator, it was crucial to critically reflect on transparent and balanced operating processes as well as possible misunderstandings deriving from different cultural backgrounds and scientific concepts. The research process was embedded in a working culture of dialogue, partnership and participation, thus enabling shared ownership of the process and equal involvement in decision making processes (Spitzer, 2009 and 2011). The framework and objectives of the project were developed in a process of mutual exchange of ideas based on the formulation of the research requirements from the point of view of the Tanzanian partner. As a result we were able to fulfill what Monica Ferreira, President of the International Longevity Centre at the Institute of Ageing in Africa in Cape Town, South Africa, demanded for collaborations between African researchers and partners from industrialized countries, namely that such joint research ought to be “Africa-appropriate and Africa-led” and thus serves to develop African gerontology, knowledge and practice (Ferreira, 2005, p. 34).

Objectives

The objectives of the study were fourfold: a. to examine both formal and informal social protection systems and their impact on older people living in rural and urban settings in Tanzania; b. to explore main problems that limit provision of adequate social protection for older people; c. to assess the coping mechanisms employed by older people to address problems associated with poor social protection, and d. to analyze gender differences in old age with regard to the provision of social protection mechanisms.

Hypotheses

The research was guided by three leading hypotheses. The first hypothesis refers to the issue of socio-geographical location and suggests that poor social protection mechanisms impact differently on older people in rural and urban settings. Thus a continuous analytical perspective on *rural-urban disparities* composed an integral part of the entire study. The second hypothesis identifies *lack of social protection in linkage with old age per se*. Compared to children, youths and women, the elderly in Tanzania are the least supported, yet are the most vulnerable because unlike children who may grow up into independent persons they are not likely to improve with time (Lerisse, Mmari and Baruani, 2003) and are thus more prone to be afflicted with economic hardship and social exclusion. The third hypothesis refers to gender issues and assumes that *gender inequality and discrimination* has a tremendous effect on the well-being and social protection of older women who may suffer from the outcome of cumulative lifetime disadvantages (Heslop and Gorman, 2002). This phenomenon seems to be particularly true for the context of the Tanzanian society where discrimination of girls in early childhood tends to create a lifelong vicious cycle trapping them into dependence, disadvantage and deprivation (Mabala and Kamazima, 1995). Hence, a gender-sensitive focus was a cross-cutting issue in the entire research process (Koda, 1993).

Study locations

The study was conducted in Dar es Salaam and in Lindi in the southern part of the country. Metropolitan Dar es Salaam was purposefully selected because of its position as the largest commercial city which attracts people from different parts of Tanzania. The research was conducted in Kingugi in Temeke Municipality. Temeke is characterized by a social mix of people from different parts of the country. The majority of residents who dwell there have a relatively low average economic and educational status as compared to other municipalities of Dar es Salaam. Kingugi has characteristics of both a semi-urban area as well as elements of a typical slum setting with poor housing conditions, limited access to clean and safe water, and inadequate sanitation facilities.

On the other hand the choice for Lindi was influenced by different factors, one being the low level of social and economic development. Lindi is regarded as one of the most neglected and poorest regions in Tanzania, when using food availability and basic needs indicators. The study focused on a rural village called Kineng'ene. This village is comprised of three local sub-divisions (Nanembo, Mchochoro and Mmukule). Culturally, the population is mixed since the majority of the people living in the village are immigrants from outside Lindi and from other villages within the region. Local communities include the Makonde, the Mwera and the Yao, while the coastal Swahili culture has a relatively strong influence in the area. In a previous social study on villagers' perception of poverty it was indicated that the unique characteristic of Kineng'ene is that it is regarded to be "exceptionally poor" compared to other regions in the country (Killian, 1998). The most important economic activity in the village is subsistence farming.

Study population

Different groups of people were involved in the study. These included older people themselves, government officials, social welfare and development agents, representatives of non-governmental age care

organizations, and village and religious leaders. Study respondents were selected by using both purposeful as well as random sampling procedures. The study covered a total of 432 respondents. 400 older people were surveyed through a guided questionnaire in both study locations, out of which 40 were selected for further qualitative interviews. 32 different stakeholders participated in focus groups. The distribution of respondents by category, location and sex is shown in tables 1 and 2.

Table 1: Distribution of questionnaire and interview respondents by location and sex

Questionnaire respondents				Semi-structured interview respondents			
Sex	Location		Total	Sex	Location		Total
	Kingugi	Kineng'ene			Kingugi	Kineng'ene	
Male	94	73	167	Male	10	10	20
Female	106	127	233	Female	10	10	20
Total	200	200	400	Total	20	20	40

40 out of 400 questionnaire respondents

↑

Table 2: Distribution of focus group respondents by category, location and sex

Category of respondents	Location				
	Kingugi		Kineng'ene		Total
	Male	Female	Male	Female	
Social Welfare Officers	1	0	0	1	2
Community Development Officer	0	0	1	0	1
Local Government Leaders	4	1	3	0	8
Ward Executive Officers	1	0	1	0	2
Village Leaders	4	1	0	0	5
Non Governmental Organizations	3	3	2	4	12
Religious Leaders	1	0	0	1	2
Total number of focus group respondents	14	5	7	6	32

Research process und design

The study adopted qualitative and quantitative approaches in tandem in order to get a broad picture of the situation. Several meetings were held by the research team to develop the research tools and translate them into Swahili. Prior to the actual data collection process, the research team had several discussions with various key stakeholders on ageing in the country. We also made preparatory field visits both in Dar es Salaam and in Lindi. In Kineng'ene village a preparatory meeting with a total of 188 older people was held to introduce the research idea to and obtain informed consent from the targeted study population. The actual field research exercise was conducted in mid-2008, and it was heavily supported by two age care organizations: Social Concern Agency in urban Dar es Salaam and CHAWALI (Lindi Retired and Older People's Association) in the rural research context.

Five different methods were used to collect data: review of secondary data, questionnaires, semi-structured interviews, focus groups and transect walks. A *review of secondary information* and sources prior to field research was important to achieve thorough background information on key social protection issues and knowledge gaps in the country.

With regard to a quantitative approach, *guided questionnaires* were conducted in the two study areas targeting 400 older people in order to generate statistical baseline data. The questionnaire was composed of 28 closed questions with provisions for additional qualitative information where it was deemed to be essential. Due to the fact that respondents were older people, with a probability of impaired eyesight and a high likelihood of being illiterate, all questionnaires had the character of a guided questionnaire, i.e. researchers asked questions to each respondent and recorded the responses. In fact it turned out that 61 % of the total elderly respondents were illiterate.

The qualitative approach comprised semi-structured interviews and focus groups. *Semi-structured interviews* were conducted with

40 older people in order to generate in-depth qualitative data concerning existing forms of social protection, coping mechanisms of older people, the kind of assistance received from relatives and community members etc. Respondents to be interviewed were identified during the first exercise of administering the questionnaires; thus respondents who seemed to have more information were invited for an interview. The field researchers used an interview guide which was designed to enable a deepening insight into issues already raised in the questionnaire. The interviews were held in Swahili and lasted between 45 and 90 minutes. The interviewing process was tape-recorded and subsequently transcribed whilst translating the results from Swahili to English. The analyzing process was done through an approach of qualitative content analysis (Babbie, 2004) so as to compare and complement the findings with the results of the questionnaire survey.

Additionally, *focus groups* were conducted in order to integrate perspectives of a wide range of stakeholders including civil society, charity organizations and political representatives. One focus group was held in Lindi, two in Dar es Salaam, the total number of respondents was 32.

With the assistance of NGO representatives, ward executives and village leaders, the field researchers were allowed to conduct *guided transect walks* in the both research sites. The activity entailed walking through the respective area cross-sectionally in order to attain visual impressions of the living conditions of the target groups, to observe, talk and learn about issues of local importance, and to record resources of older people and their communities that would otherwise remain undetected (HelpAge International, 2002, p. 49). For example, it really meant a difference for the researchers to visit a local water source and personally observe how difficult it is for an old woman to get ten liters of water from the well and carry it up a steep hill, compared to only hearing about it in the interview. Where appropriate and where consent had been given, some photos of the sites were taken.

In April 2009 a big stakeholder feedback meeting was held in Dar es Salaam. The one-day workshop was purposely intended to disseminate and share the research findings with key stakeholders, and to gather additional comments and inputs from different resourceful persons which could be used to enrich the final version of the research report which was eventually published in July 2009 (Spitzer, Rwegoshora and Mabeyo, 2009). The present chapter 5 is broadly based on this report.

Ethical issues

Our study on older people in Tanzania was essentially inspired by the notion that social research with a vulnerable population group has to take into account certain ethical considerations. A guiding principle was the obligation that social research should never injure the people being studied, regardless of whether they volunteer for the study. Thus a “no harm to the participants”-approach was applied (Babbie, 2004, p. 64). This implies sensitivity in personal contact with older people and their social surroundings. Consequently, every respondent was provided room to give or withhold his or her consent. All participants explicitly agreed to take part in the study. The research team obtained this by explaining clearly the aim and importance of the research in order to achieve a full understanding of its scope and implications.

When the budget for the research project was sketched, we allocated a certain amount of money for each respondent to compensate for the time and effort given to our study. Every older person involved in the study was given 5,000 Tanzania Shillings (approximately 3 Euro). This was highly appreciated, given the fact that most respondents live at an economic level lower than the extreme poverty line. The research team has been aware of the fact that the issue of compensation is a crucial question of concern, not only when you conduct research with extremely poor people. Many researchers are very strict about this issue and criticize that compensating informants may distort the research findings. But what is

the ethical issue when you sit with an old person in the shadow of a tree, interviewing him or her on living conditions and nutritional aspects while you know that he or she did not have a single meal the same day, and maybe not even water?

Demographic characteristics of the study population and their linkage to social protection

Age

In each study location 200 people aged 50 years and above were involved in the questionnaire survey. Age groups in the semi-structured interviews were between 60 and 80 years (the following data focuses on questionnaire respondents only). Whereas in Kineng'ene (Lindi) 127 respondents were female and 73 male, in Kingugi (Temeke) 106 respondents were female and 94 male. The research team had to note that 16 % of the respondents were not able to state their exact age in terms of years. 28 % indicated that their age ranged from 50 to 59, 28 % ranged from 60 and 69; 16 % ranged from 70 and 79; 9 % ranged from 80 and 89; 2 % ranged from 90 and 99; another 4 respondents (1 %) were above 100 years of age (see table 3).

The age-groups in our study were within a very broad scope, thus representing different categories of older people with diverse needs, challenges and risks. It can be assumed that due to biological changes that naturally accompany the ageing process a certain decline in physiological functions and abilities will lead to more dependence and vulnerability with growing age. The older you become, the less energetic you get and the less income you earn, hence very old people are faced with a limited capacity to cope with their difficult life circumstances. Corresponding evidence came from interviews where respondents beyond 80, particularly in the rural setting, complained that they felt overburdened due to physically demanding work in subsistence farming. It became clear in interviews and focus groups that a proper understanding of the particular liv-

**Table 3: Demographic characteristics of respondents by location, age and sex
(in absolute numbers; n = 400)**

Age in years	Kingugi			Kineng'ene		
	Male	Female	Total	Male	Female	Total
50-59	37	42	79	11	23	34
60-69	37	20	57	20	34	54
70-79	6	19	25	19	21	40
80-89	8	3	11	8	15	23
90-99	0	1	1	6	2	8
100+	1	2	3	1	0	1
Not known	5	19	24	8	32	40
Total	94	106	200	73	127	200

ing conditions of various age groups is an essential prerequisite for adequate and meaningful interventions towards social protection.

Gender and marital status

With regard to the marital status of the respondents, the following observations could be made (see table 4): 42 % of female respondents and 83 % of male respondents were still living with their spouse (or with spouses when it comes to multiple marriage). In both study locations a big gender difference was evident, indicating that a significantly higher number of older men compared to older women live in marriage. On the other hand the number of widowed female respondents (27 %) was contrasted by only 7 % male widowers. This gender difference can be explained from a traditional point of view, namely that men in Tanzania have more possibilities of remarrying when the first spouse dies. Additionally, in such an analysis one has to consider issues of polygamy. In Lindi as well as in other parts of Tanzania polygamy is still practiced. For example, when asked about his marital status, one male interview respondent in urban Kingugi grinned and told the researchers that

**Table 4: Marital status of respondents by location and sex
(in absolute numbers and in per cent; n = 400)**

	Location							
	Kingugi				Kineng'ene			
	Male		Female		Male		Female	
	n	%	n	%	n	%	n	%
Married	79	84,0	36	34,0	59	80,8	62	48,8
Single	1	1,1	3	2,8	8	11,0	29	22,8
Widowed	7	7,4	46	43,4	4	5,4	18	14,2
Divorced	4	4,3	13	12,3	1	1,4	17	13,4
Separated	3	3,2	8	7,5	1	1,4	1	0,8
Total	94	100,0	106	100,0	73	100,0	127	100,0

he had four wives. Another respondent in Kineng'ene said that he is still married with one wife while another one already passed away. In order to reduce complexity, we decided to leave out the issue of polygamy in the questionnaire, thus the presented figures have to be seen in this light.

The chance of men being married is much higher when compared with women who find it difficult to remarry, particularly at old age. Another explanation that can be related to this difference is that some widowed older women deliberately don't want to marry again because they wish to maintain the properties they had acquired or were entitled to after their spouse's death. If widows choose to remarry, they – based on specific customary law regulations – may lose their heritage as they would be forbidden to bring the property of one clan to another. Widowed older women might also fear limitations of being entitled to any property in the second marriage, especially when they remarry at an age at which they can no longer give birth. One female respondent in the focus group in

Women are more affected due to the [traditional] tendency in life. When people get married to each other they work together and produce wealth, but when they divorce, a woman takes nothing, and everything is left to the man. A woman can get married to the second man, but if they divorce again, the wealth is left with the man. So this is a problem to women when they get old.

In general it can be stated that widows are disadvantaged in many ways and sometimes face the additional burden of having a low status in society. Interviewees in both study sites reported that widows were denied the right to inherit common assets such as a house or land. A 66 year old woman in Kineng'ene put it like this: "There are older people who are killed because of inheritance." And a community development officer in Dar es Salaam commented on the issue of inheritance: "Some older people are even asked: When are you going to die?" Additionally, in some regions widows even face the danger of witchcraft allegations when a conflict over inheritance rights is in the background.

The figures on respondents' marital status can also be viewed in terms of rural-urban comparison (see table 4). In the rural setting of Kineng'ene every second older woman was married (49 % of female respondents), while 4 out of 5 older men lived in marriage (81 %). This situation suggests that half of the older women living in this rural setting (51 %) were forced to fight for their survival without assistance from a marital partner, may they live as a single, be widowed, divorced, or separated. CHAWALI as an age care organization operating in Lindi and Mtwara regions ran a program of capacity building for older people on women's inheritance rights. The organization managed to train a total of 742 community paralegal advisors to address inheritance problems in the area (CHAWALI, 2008).

In the urban site of Kingugi only 34 % of older women still lived in marriage, while the ratio of married older men was 84 %. Thus 66 % of older women were forced to earn their living without being supported by a legal partner. The high number of older women

living as a single (which does not mean that they do not have dependants) is sharply contrasted by a series of problems and burdens they have to face in their daily lives as was verified in the focus groups and qualitative interviews. Among these burdens are the hardships of agricultural and household chores which are traditionally associated with female responsibility, fetching water over long distances, taking care of their grandchildren and their own sick children, and the like. Older women are also much less covered by formal protection schemes than older men as will be seen below. This situation calls for immediate action towards proper legal provisions and social services to equate gender imbalances in old age. In Kineng'ene a divorced woman of 70 years put it into these words:

Sometimes you find yourself having nothing and there are no means to get anything. So you just wait until a Good Samaritan comes to help you.

Gender as a central analytical criterion in old age refers to various critical economical, social and cultural risk factors and how they differently affect older women and men. Fewer opportunities for re-marriage and the loss of reproductive capacities of women are coupled with their loss of a major social function in the eyes of society. Old age poverty and deprivation have a strong female tendency, even more so in the rural context. This observation is clearly confirmed if one considers additional factors such as education and formal employment opportunities.

Educational status, formal employment and social protection in old age

In our study, educational levels of the respondents were investigated since it was assumed that there is a correlation between the level of education and the economic status of an older person or household headed by an old person. The educational level also entails how socially secured a person would be. For instance, the less educated a

person is, the less likely he or she would be a beneficiary of a social insurance scheme and the more likely he or she would be living in poverty. The study findings indicated that there is a high number of respondents who never attended school: In Kineng'ene 87 % of older women and 58 % of older men had never gone to school, whereas in Kingugi 64 % of female respondents and 30 % of male respondents had not acquired any formal education. Here, a big gender gap as well as a significant disparity in rural and urban settings became evident: While educational levels seem to be generally much higher in the urban context, older women in the hinterland are the ones who have been literally caught in illiteracy and cut off from their educational opportunities.

If we match the high number of illiterate older people (61 % in both study sites) with the findings about beneficiaries of a formal pension scheme, we get a sharply contrasted picture. The number of beneficiaries turned out to be extremely low. Among 400 older people, only 22 (5.5 %) were beneficiaries of a pension, out of which only 4 were female. All beneficiaries showed a certain level of school education (11 primary school, 8 middle school, 2 secondary school, and 1 college).

Table 5 presents a synopsis of the highest educational level, the former employment status and the present situation in terms of being a beneficiary of a pension or not (the schemes refer to the National Social Security Fund, the Parastatal Pension Fund and the Public Servants Pension Fund).

Being a pensioner depends on whether one was employed in either the public or private sector. On the other hand, opportunities for being formally employed depend on the educational qualifications obtained by an individual. In trying to search for this linkage, study respondents were asked whether they had been formally employed. The overwhelming majority of older people (76 %) indicated that they had never been employed in the formal sector. Half of the respondents earned their living through agricultural activities (78 % in Kineng'ene as opposed to 21 % in Kingugi). In Kingugi 28 %

**Table 5: Synopsis of highest educational level, former employment and beneficiary status
(in absolute numbers; n = 400)**

Highest level of education	Beneficiary of a pension			Non-beneficiary of a pension		
	Has been employed in the formal sector	Has never been employed in the formal sector	Total	Has been employed in the formal sector	Has never been employed in the formal sector	Total
Not attended	0	0	0	17	226	243
Primary school	11	0	11	41	62	103
Middle school	8	0	8	9	3	12
Secondary school	2	0	2	4	2	6
College-diploma/degree	1	0	1	0	0	0
Adult education	0	0	0	3	11	14
Total	22	0	22	74	304	378

of the older people were working as “businessmen” (which also applied to female respondents), thereby referring to labor outside the sphere of formal employment (the so-called informal sector). In Kineng’ene none of the respondents associated him- or herself as having worked in that sector; here the majority of older people (78 %) were engaged in agricultural activities, mainly subsistence farming.

Among the 400 respondents, a total of 96 older people (24 %) stated that they had been formally employed: In the rural study area the ratio was 12 %, while in the urban context of Kingugi it was three times higher (36 %). 62 older people had been employed in the government sector and 34 in the private sector. If we look at these figures in terms of gender, the findings reveal a big gap: In Kineng’ene only 2 older women of the total female respondents (1.6 %) had been formally employed as opposed to 22 older men (30.1 %). In the urban study setting, 13 of the female respondents (12.3 %) and 59 of the male respondents (62.8 %) had been formally employed. These figures suggest that a significantly higher number of

older men compared to older women in both study sites had been working in the field of formal employment, thus indicating their much higher chance of benefitting from a pension scheme after retirement.

Though, if we link the very low number of 22 pensioners with the above figure of 96 older people who had been formally employed in either the public or private sector, we can see that in Tanzania being an employee in working ages does not necessarily mean social protection in old age. Less than a quarter of older people who had been formally employed enjoyed the fruits of a pension after retirement. At the same time it has to be argued that neither does formal school education automatically guarantee social protection when getting old. Although we could prove with our findings that the educational status is evidently correlated with the likelihood of being a beneficiary of a pension, there still remained a high number of study respondents (33.5 %) who had one or another kind of formal school qualification but lacked any kind of formal protection in their older years.

The 22 pensioners were asked about the amount of money allocated to them by their respective pension scheme on a monthly basis (see table 6).

Table 6: Level of income from pension scheme by location and sex (in absolute numbers; n = 22)

Amount in Tsh	Location Kingugi			Location Kineng'ene		
	Male	Female	Total	Male	Female	Total
Less than 15,000	1	1	2	1	1	2
Between 15,000 and 30,000	7	1	8	3	1	4
Between 30,000 and 50,000	5	0	5	1	0	1
Total	13	2	15	5	2	7

Out of the 22 older people, 4 received less than 15,000 Tanzania Shillings (Tsh) a month (approximately 9 Euro), 12 between 15,000 and 30,000 Tsh, only 6 older people indicated that they get more than 30,000 Tsh per month from their respective pension scheme. These are very small sums which leave the ones who receive them in an economic situation below the extreme poverty line. In other words: For those older people who seem to be lucky to be “formally protected” by a pension it does not necessarily mean to be saved from a permanent struggle for survival.

In the interviews it was further revealed that even if an older person is eligible for a pension fund, it is not guaranteed that he or she will get to see the money. Sometimes payments are very irregular, delayed or not authorized at all. For some older people, especially in the rural areas, it is very tiresome to go to town to collect the money – just to find out that it is not even there. Since older people also have to consider the costs for transport, they sometimes rather opt for staying at home instead of wasting their time and money. Sometimes beneficiaries are faced with bureaucratic procedures which they cannot handle. There are also indications that government officials might misuse older people’s weak position and delay the money processing. If older people suffer from sickness and immobility and there is no one to assist them, then there is almost no chance to receive the money they are very much entitled to, and which would at least ease their daily fight for survival.

Coping mechanisms and survival strategies

As has been noted earlier, 96 per cent of older people in Tanzania do not have a secure income but rather have to work throughout old age (MoLEYD and HAI, 2010, p. 9). This observation has been clearly confirmed in our empirical research. It became evident that older people were involved in various economic and agricultural activities so as to cope with different hardships and earn a living as a result of missing social protection mechanisms. Only 44 % of the

respondents stated that they were not at all involved in any kind of income generating activity (42 % in Kingugi as opposed to 46 % in Kineng'ene). Narrating the situation, one female respondent in Kineng'ene aged 66 told the researchers that:

Older people depend on themselves; they go to do manual labor on other people's farms to get a little money in order to buy food, water, kerosene, soap.

Another 60 year old woman in Kineng'ene had this to say:

Older people do find their own means on how to survive. But no one helps them. Most of them do manual labor in order to get money.

The economic activities of older people clearly confirm the overall differences between rural and urban areas: While 52 % of older people in Kineng'ene were engaged in agricultural activities and crop growing (cassava, maize, rice, millet as well as some cash crops such as cashew nuts, ground nuts and simsim), only 10 % of older people in Kingugi were involved in the agricultural sector. On the other hand, 44.5 % in Kingugi identified themselves as being in "business", i.e. mainly small business activities such as gardening, selling charcoal, poultry, handicraft and food stuffs in their neighborhood or at local markets. In Kineng'ene, there were only 2 (male) respondents who were engaged in such informal small-scale activities (here gender differences were not very significant and can be drawn from table 7). Other income generating activities of minor importance entailed livestock keeping and handicraft.

It could be noted from the study findings that the coping mechanisms of older people differed from one age group to another. At a first glance the general picture suggests that older people ranging from 50 to 69 years were relatively energetic to involve themselves in farming and to actively take part in small-scale economic activities. Those who had no economic activity on their own could still be employed by private individuals to work in their farms, and were

**Table 7: Income generating activities of older people, by location and sex
(in absolute numbers and in per cent; n = 400)**

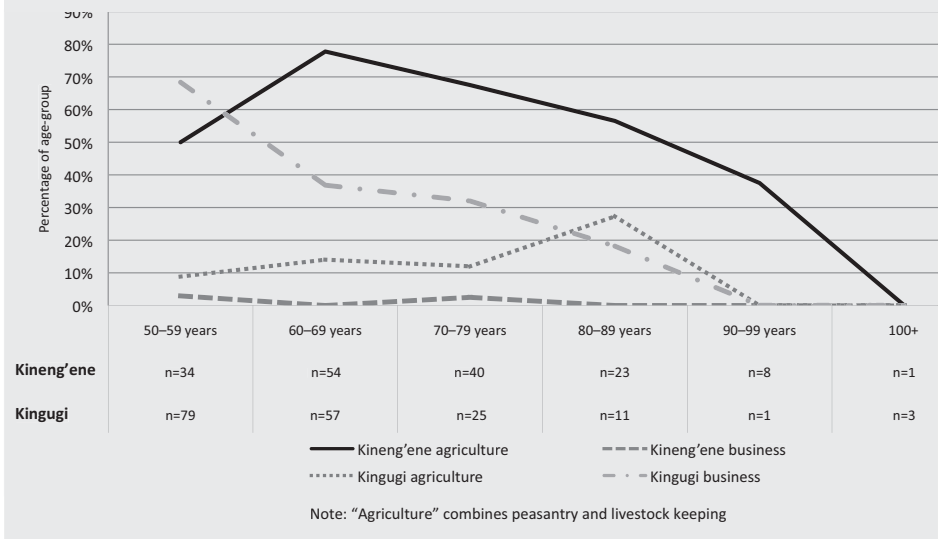
	Location							
	Kingugi				Kineng'ene			
	Male		Female		Male		Female	
	n	%	n	%	n	%	n	%
Peasantry	11	11,7	9	8,5	45	61,6	59	46,4
Business	48	51,1	41	38,7	2	2,7	0	0,0
Livestock keeping	4	4,2	1	0,9	1	1,4	0	0,0
Handicraft	1	1,1	0	0,0	1	1,4	0	0,0
None	30	31,9	55	51,8	24	32,9	68	53,6
Total	94	100,0	106	100,0	73	100,0	127	100,0

sometimes employed as security guards (as has been stated by some older men in Kingugi).

On the other hand, older people aged 70 and above were experiencing more difficult times because they were physically weak, more prone to health problems, and therefore required more family, community and government support. However, a statistical analysis depicting incoming generating activities performed by older people in different age groups presented a surprising picture. As can be seen in figure 5, in Kineng'ene the percentage of older people engaged in peasantry and livestock keeping rose from 50 % in the group aged 50 to 59 to 78 % in the group aged 60 to 69 years. The ratio in the next age group (70 to 79 years) was still 67 %, and another 57 % of older people beyond 80 years of age were also involved in some kind of agricultural activities.

In the urban area of Kingugi the general picture showed lower activity levels in various age groups. 68 % of those aged 50 to 59 were engaged in small-scale business activities. This percentage decreased

Figure 5: Income generating activities with increasing age



with increasing age and amounted to 37 % in the group aged 60 to 69, 32 % in the group 70 to 79, and 18 % in the age group above 80 years.

In sum, more than two thirds (69 %) of respondents aged 50 to 59 were forced to rely on income generating activities, while this ratio was 63 % in the group aged 60 to 69, and 60 % in the group aged 70 to 79. Still more than half of older people aged 80 to 89 years (53 %) were engaged in either agricultural or small-scale economic activities. Thus, based on our empirical findings it can be stated that the majority of older people have to do manual labor in order to generate some small income, with some additional burden on older people residing in the rural research setting.

Regarding income which older people managed to generate from their respective activities, it can be stated that the returns of respondents from urban Kingugi were relatively higher compared with the income earned by respondents from rural Kineng'ene. For example, whereas the few older people in Kineng'ene who engaged themselves in petty trading activities earned between 300 to

a maximum of 500 Tsh a day (approximately 30 Euro-cent), their counterparts in Kingugi said they could earn up to 700 Tsh a day. However, due to the nature of some activities such as farming, it was sometimes difficult for both respondents and researchers to quantify the earnings in actual financial terms. In practice, some farmers rely on their own farming products for consumption without necessarily selling them to earn income, thus making it difficult for them to state numerically how much they earn.

The income earned by respondents in the rural study area was generally too small to make a household of four or more people survive. As a consequence, such a little earning increased the vulnerability of older people to poverty and health risks. It is with this perspective that family members including older people were forced to go begging from their fellow community members. Some older people in Kineng'ene moved to Lindi town to beg for money and food in their attempt to ensure their livelihood. In fact, 20 older people in Kineng'ene and 11 in Kingugi admitted to resort to begging as a coping mechanism.

Poor living conditions

Most of the older people in our study had limited access to basic facilities including a decent shelter. In fact, it turned out that the housing conditions of older people in both research sites were generally poor, with some rural-urban differences. In Kineng'ene the majority of respondents (96 %) had mud grass-roofed houses while in Kingugi a big number of older people (88 %) had a block house with an iron roof. Some houses in Kineng'ene were very poorly constructed, and it was reported that they often leak during the rainy season. An old lady of approximately 75 years expressed her feelings to the researcher as follows:

I fear that in the coming rainfall the house might fall on me. Please if you got a chance visit my house and help me to find someone who can assist to improve my house. I wish I could do it myself but I can't

because I am not able to do hard work as I am suffering from asthma disease. I can't even do business like frying *maandazi* [fried bread] because I am coughing a lot and people might be afraid to buy my pies.

Although the dwellings in the urban context were generally in a better condition, most houses lacked electricity and water even within the nearby compound. Evidence from personal observations and transect walks by the research team showed that many iron roofs were in a rather dilapidated, horrendous condition with big holes and a high likelihood that water enters the house during heavy rainfall. In the Dar es Salaam study site there were 13 houses with typical slum characteristics like an extremely poor structural state of the shelter coupled with unsanitary conditions.

Impressions from a field visit:

The two authors of this book made a number of field visits to older people's households in Temeke Municipality. We will always remember one particular encounter with an old woman dwelling in a slum area which was seriously affected by heavy rain falls. Roads and even houses had been flooded, there was a cholera outbreak, and large numbers of mosquitoes caused increased levels of malaria risk. When we entered the house of the woman whose age was almost 90, she saw the *mzungu* (Swahili term for white man) and welcomed him with the question: "Have you come to marry me?" After a spontaneous "Yes"-response the lady showed us her house. She stayed in one of six tiny rooms in a rundown sub-standard tenement, each with an old wooden door, with a corrugated iron roof but no windows. It was strikingly hot inside the rooms, so the tenants mainly stayed in the extremely narrow courtyard of the building which provided some shadow. The room contained only a small bed which the old woman shared with her daughter and her three grandchildren. The roof was full of holes, and the rain had entered the interior of the room causing a moist and moldy smell. The woman felt physically weak, and she was suffering from a chronic cough. She told us that food was rare; sometimes she was given a meal by her daughter, sometimes neighbors turned up with something; sometimes she went to bed without having had a single meal. Water meant a serious problem for her since she felt too weak to collect it from the next water point which was some hundred meters away. At times she also failed to have the required money to

pay for drinking water. She also showed us the sanitary facilities behind the house. Since there was no sewage system in this area it was just a cement building with three walls but no roof, providing a hole in the ground. Apart from the unhygienic environment, the old woman also complained about a lack of privacy and insufficient protection from the heat of the sun or from the rain.

Generally it was realized in both study sites that water sources are far from the living compounds of older people. In Kingugi only 8 % of respondents' houses had both electricity and water, and only 2.5 % had a water source in the nearby surroundings. In the rural study site there was no single respondent whose house had electricity and a water facility, only two had a water source in the nearby compound. These findings suggest that the overwhelming majority of respondents have to walk long distances to collect water, a chore which is traditionally seen as female responsibility even at old age. This issue will be further discussed below.

The struggle for water

Increasing access to safe drinking water is one of the Millennium Development Goals which, in the context of Tanzania, presents a big challenge yet to be tackled. In 2010, only 54 % of the total population had access to a reliable water source such as piped water, protected wells or protected springs (81 % in urban as compared to 46 % in rural areas). Households in Zanzibar are more likely than those on mainland Tanzania to have access to clean water (almost 80 %) (National Bureau of Statistics, 2011). In the rural study site of Kineng'ene every single interview respondent regarded shortage of water as one of the biggest problems to older people. Respondents pointed out that they could not get water because the places where water could be found are very far from their compounds. It was estimated that an older person can spend up to seven hours to get water.

In some cases an old woman could even spend the whole day just waiting at the well in order to get a single bucket of water.

This condition was perceived as a humiliation towards older people. Respondents also complained about youths that they were not giving any assistance to older people to collect water. The old wisdom of respecting the *wazee* seemed to be ignored by the young generation who did not show esteem towards the elderly. The situation was even worse when older people were compelled to queue waiting for their turn at a water source. Expressing her sentiments to the researcher, one older woman of 67 years had this to say:

We are humiliated, for example in this village there is water scarcity. When older people go to fetch water they find long queues, they cannot get water in time, the youths tell them: 'You cannot get water here, we are not the ones who made you old like this, it is God, so you must wait till we all finish.' In that situation older people have to spend a whole day waiting for just a single bucket of water. (67 year old woman, Kineng'ene)

With this comment, a complex set of problems faced by older people can be identified, combining the existential question of water security with issues of both age and gender discrimination. In Lindi, the division of labor between men and women was described by tradition as being unfavorable to (older) women. Women are the ones who have more everyday jobs and chores compared to men, as different stakeholders commented. It is a practice that husbands and wives go to the farm in the morning, but women work supplementary hours in the evening as opposed to men. The same situation could be seen as far as the problem of water is concerned. Statements from female interviewees as well as personal observations made by the research team indicated that the effect of water scarcity seems to affect older women to a much larger extent than older men. One female respondent told the researcher that:

It is we women who bear the brunt; for example you can leave in the morning for water and you leave the children alone at home without water. (60 year old woman, Kineng'ene)

On the other hand, male interviewees claimed that they are the ones who are mainly affected by the problem of water. They said that in case they have to buy water it is men who provide the money. Moreover, sometimes they have to give an escort to their wives when they leave for fetching water in the midnight. Behind these gender disparities and quarrels lies an elementary question of survival; whether one is an old woman or an old man, the moment you are no longer capable to gain sufficient water on your own and there is nobody who provides it, you are doomed.

While in the rural study setting water is one of the key problems in the daily struggle for survival of older people in terms of accessibility and long distances, in the urban setting Kingugi access to water facilities as such was not a problem because water sources were within geographical reach. Here the problem was a monetary one, namely that of paying bills because the majority of older people did not have money to pay for their water supply. In principle, the Tanzanian Water Policy stipulates that every citizen has an equal right to access and use of water and thus provides an exemption for older people to pay for water facilities (United Republic of Tanzania, 2002). In practice, this does not work in many cases and older people are still forced to pay for their water share. A 70 year old woman in Kingugi had this to say:

There is only one public borehole where we can fetch water which however you need to pay in order to get it. The other water points are privately owned and the cost is even more expensive. This makes our life very difficult as it is very basic and there is no excuse on that.

The study findings explain how different levels of development in rural and urban areas affect fundamental questions of survival, such as access to safe drinking water, as well as the different roles played by women and men in Tanzanian society. Whereas in urban areas water has to be paid for, in rural areas women are obliged to walk long distances ranging up to ten and more kilometers, an obligation which for many Europeans who take availability of safe drinking water for granted, is far beyond imagination.

Limited access to free medical services

As has already been shown, key policy documents in Tanzania clearly stipulate that older people should have free access to medical services in government hospitals, health centres and dispensaries. Unfortunately, this does not seem to be the case in practice as was shown in our study. To begin with, 78 % of the respondents in the rural study setting indicated that they had to pay for their medical treatment. Only few older people actually managed to pay when they fell sick. Getting money for treatment posed a serious problem to older people, particularly if they suffered from frequent or chronic illness. One old woman told the researchers that it is not possible for her to get money for treatment because she cannot even get money to buy food. She had the following to say:

First an older person cannot afford to get money for treatment; you cannot be treated till you pay 1,000 Tanzania Shillings [60 Euro-cent]. If you cannot afford money for food how can you get that money? And older people often fall sick, they need to get treated, they cannot afford to get the money, as a result they just stay inside while being sick. (67 year old woman, Kineng'ene)

Our study findings confirm the statement of this interviewee on the frequency of illnesses among older people: More than half of the respondents in both study areas (51 %) had frequent illnesses and required regular medical services. 10 older people defined themselves as being totally sick, and two were courageous enough to disclose that they were infected with HIV.

Many older people said they lived in abject poverty and were unable to get even a single penny for transport from their respective homes to the hospitals, while others were too weak to visit clinics on their own. Even worse, some of them could not afford to have a full meal everyday which makes them increasingly weaker. In face of such precarious conditions, focus group attendants suggested that stakeholders should consider an older people's universal pension to provide this vulnerable age group with a regular income. Interview-

ees also mentioned age limit complications as another obstacle. Many older people are left unattended at health centres because of their inability to prove that they are above 60 years, which is the acceptable age limit that entitles them to free health care. Two interviewees who were well above this age threshold gave the following evidence:

In hospitals I pay for cards and then for medicine.

(67 year old man, Kineng'ene)

No older person that is being treated for free.

(66 year old man, Kineng'ene)

Sentiments on inadequacies in health provision services were also expressed in the focus group in Kineng'ene village when the respondents mentioned that older people were subjected to bureaucratic procedures for getting a certification from the Ward Executive Officer before they could access free medical services. Thus, apart from the necessity to provide older people with identity cards to prove their exact age in order to be entitled to free medical care, it is also essential to restrain bureaucratic practice so as to avoid further harassments for those who are actually in need of being favored in terms of administrative services.

With regard to the aforementioned problems and obstacles, older people tend to ignore the formal medical system when they fall sick but rather turn to local traditional healers. This observation corresponds with the overall assessment that an estimated 60 per cent of the Tanzanian population use traditional and alternative care systems for their day-to-day health care (United Republic of Tanzania, 2003b, p. 23). In Kineng'ene such alternative care is provided by what is locally called *kombe* – a more holistic treatment which is offered by Moslem sheiks, referring to certain methods of diagnosis and treatment of Arabic origin.

While a number of problems associated with a lack of access to health facilities in the rural study site have been documented, accessibility to medical services in the urban context ought to be better due to the coverage of government hospitals and dispensaries in Temeke Municipality. However, interview respondents in Kin-

gugi reported similar difficulties when it comes to practical steps in achieving proper health care. One study respondent illustrated the situation as such:

Every time we go to the hospital, we are told that there is no free medicine in stock; the only available is for sale. Even if you get those free medicines, they don't serve the purpose because mostly they are essential drugs such as Panadol which can be affordable to buy in the other shops because they are cheap and just for killing pains. The community is not well mobilized to give support to older people, and given that most of them are poor, they just focus on older people from their own family and not on other families. (77 year old man, Kingugi)

It was reported that the only services which older people can get for free were consultation from the doctor and the prescription for the required medicine, whilst the only drugs given without charge are cheap pain killers as mentioned in the above statement. As was put by one respondent, what is the point for older people to consult a doctor and be given a prescription if the right medicine which could cure their disease or relieve them from pain is not available or affordable to them?

The burden of HIV/AIDS

In our study we also tried to get to know the effects that HIV/AIDS has on the lives of older people. When interview respondents were asked if they were suffering from a problem related to this particular sickness, a high number actually refused to talk about it. This can be interpreted with regard to the stigma that revolves around the sickness and its social implications. What has been revealed by many older people was the fact that they bear the responsibility of taking care of their orphaned grandchildren. Though respondents refused to indicate whether their grandchildren were orphaned due to HIV/AIDS, it can be speculated that some of them indirectly acknowledged that their children passed away due to the deadly disease.

One question in the questionnaire referred to the number of dependants who stay with older people in terms of relying on them both economically and socially (see table 8). The findings indicate that only 91 older people (23 %) did not have any dependant; 53 % had less than 5 dependants; 22 % had between 5 and 10; while 2 % even had above 10 dependants, the majority of them being children and grandchildren. According to the study findings, the average number of grandchildren per household headed by an older person was four. If one considers the limited income of older people and the kind of support they receive from other sources, it is clear that older people carry a heavy burden in caring for their dependants. As a result, most of the older people involved in our study indicated that they were under increasing pressure to sustain their livelihood and that of their family members, particularly due to increasing costs for medical care, school-related expenses such as uniforms, textbooks, tuition fees and transport for the children, as well as the struggle for daily meals for themselves and the ones whom they take care for.

Similar findings have been presented in a study called “The cost of love”, conducted by HelpAge International (2004). In this report,

**Table 8: Number of dependants, by location
(in absolute numbers and in per cent; n = 400)**

Number of dependants in his/her family	Location			
	Kineng'ene		Kingugi	
	n	%	n	%
none	44	22,0	47	23,5
below 5	126	63,0	86	43,0
between 5-10	28	14,0	61	30,5
above 10	2	1,0	6	3,0
Total	200	100,0	200	100,0

the enormous economic and social impact of the disease on older people in Tanzania is clearly shown.

The attitudes of the communities towards families affected by AIDS are generally very negative, sometimes even hostile. A community development officer in Dar es Salaam commented on this as such: "If five to six children die from HIV then there must be something wrong." The stigma associated with the deadly and tabooed disease is exacerbated by allegations of witchcraft which target older people as survivors of their own children. The psychological distress caused by frequent losses of beloved family members, coupled with difficult grieving processes, experiences of trauma and stigmatization by the social environment, can have severe effects on both orphaned children as well as their grandparents. This is revealed in a quotation from an overburdened and frustrated community development officer: "Some older people had to bury so many family members that they are not crying anymore." The implication of such difficult life circumstances is that older people and their dependants who are likewise affected by AIDS not only need economic but also psychosocial support. And: Older people not only bear the brunt as caregivers – they also lack care themselves when they become weak and sick because the deadly disease has taken their children whose responsibility it would have been to provide it.

Informal social protection provided by the family system

It can be stated that in Tanzanian society, as is the case in other sub-Saharan countries, social protection to a large extent embraces mutual assistance mechanisms which are traditionally embodied in the extended family and kinship systems. These mechanisms are based on in-built values of mutual aid and protection with characteristic emphasis on interdependence between the family, clan and village members. In this view, support to older people is given essentially in recognition of their past contribution to society during their active years, and it is bound by a moral rather than a le-

gal force (Mallya and Mwankanye, 1987, pp. 219 and 227). In the opinion of the Tanzanian author of this book, a decline in family support for the aged in present-day Tanzania is due to a phenomenon which she calls moral degradation, i.e. a weakening in these norms and obligations. One of our key intentions was to find out to which extent these support mechanisms and structures are in place and how they translate into social protection in old age. A general observation in both study sites was that these structures are in a process of being eroded and apparently affected by different factors such as the effects of liberalized and free market economies as well as the impact of HIV/AIDS. Although the supporting power of families and relatives is obviously still a strong force in social protection for older people, as could be seen in our research, it can also be stated that its scope seems to be in a process of being weakened day by day.

The assistance given to older people by their families and communities was generally assessed as being on the decline. Narrating her situation, one respondent in the urban research site told researchers that:

If I am sick and I go to my relatives for assistance, they do not take care of me. (Older woman, age unknown, Kingugi)

Various stakeholders assured that this decline has in part to be blamed to the general poverty situation that affects entire communities, not only particularly vulnerable groups such as orphaned children, widows and older people. In communities where people are universally poor, like in Kineng'ene village, there is less to share, particularly in times of shocks and difficulties such as drought, hunger or widespread disease, which is precisely when the need for help is most crucial.

Our questionnaire responses clearly indicated that the family and kinship systems are still regarded as a very important source which older people can refer to when they are in dire need of support. 44 % of the older people mentioned their children and grand-

children on top of the list, followed by 25 % who referred to their “extended family” or to the Swahili term *ndugu* (siblings, uncles, aunts etc.). Another 4 % named their spouses as contact persons in times of crisis. The overall picture indicates that up to three quarters of the respondents (73 %) viewed their families as a significant base when they are forced to look for support in times of hardship.

However, turning to one’s family for help does not necessarily correspond with de facto support. Our questionnaire findings revealed that a large number of older people (46.2 %) did not receive any kind of assistance from either their own children or other family members. The statistical data (see table 9) show a big difference between the rural and urban study site. Whereas in Kineng’ene 59.5 % of respondents indicated that they received absolutely no support from their relatives, in Kingugi 33 % did not receive any support.

**Table 9: Kind of support from children and family members, by location
(in absolute numbers and per cent; n = 400)**

Kind of support	Location				Total
	Kingugi		Kineng'ene		
	n	%	n	%	
Monetary	28	14,0	25	12,5	53
Material (food, clothing)	24	12,0	40	20,0	64
Medical	5	2,5	1	0,5	6
Housing	2	1,0	2	1,0	4
Monetary and material	34	17,0	10	5,0	44
Monetary, material and medical	2	1,0	0	0,0	2
Monetary, material, medical support and housing	6	3,0	0	0,0	6
Others	33	16,5	3	1,5	36
None	66	33,0	119	59,5	185
Total	200	100,0	200	100,0	400

Note: The category “Others” has not been specified

This observation argues for a much bigger lack of family support in the rural setting, which among other factors can partly be explained by migration patterns, with family members dwelling in cities and older people being left behind, and no reliable contact and support between them.

26 % of study respondents explicitly stated to receive monetary support (17.5 % in Kineng'ene as opposed to 35 % in Kingugi). Among them 83 % stated that they were given less than 50,000 Tanzania Shillings in a year (approximately 30 Euro), 7 % received between 50,000 and 100,000 Tsh, and another 10 % received above 100,000 Tsh. About one quarter of the total respondents (24 %) stated that they were not given monetary support by their children or other family members but obtained other forms of assistance including food, housing, clothing and medical support. Asked about the frequency of the support provided, only a very low number of older people were able to describe the assistance given to them as being regular and reliable. In Kingugi 4 % of those older people who received monetary and/or material support specified it as being provided on a weekly basis, as opposed to a zero response in Kineng'ene. In Kingugi another 7.5 % indicated a monthly frequency of support, while in Kineng'ene only 2 respondents (1 %) indicated the same. The remaining respondents said family support is given upon request or on an irregular basis.

In general the study findings indicate that there was no permanently fixed single form of support given to older people by their family members. They usually receive what we would call mixed forms of support. The different levels of response in terms of family support in urban and rural areas can be explained by the level of income and the corresponding moral commitment of family members to assist their older relatives. It was interesting to note that older people in urban areas enjoyed more material support compared to their counterparts in rural areas. This is particularly due to the economic status of urban dwellers which was far better when compared with rural dwellers. People residing in rural areas are

more affected by persistent poverty – a factor which bears a significant negative effect on family support structures.

We also asked the study respondents whether their own children were employed in either the formal or informal economic sector. Interestingly, the responses showed no clear difference in the two study locations. Both in Kineng'ene as well as in Kingugi exactly 39 older people (19.5 % each) said that their children were working in a formal employment status in either the public or private sector. It can just be assumed that the scant fifth of this generation is engaged in one of the existing social insurance schemes, thus being in a position that one day when they retire they might benefit from the contributions which were deducted from their salaries in good times.

To sum up, informal social protection mechanisms provided by the family turned out to be in place but with a tendency of being weakened. Material and financial support given to older people by their children and other family members can be described as rather small, unreliable and unbalanced. The most striking figure in our research indicates that almost half of our study population (46 %) said to have not received any kind of assistance by their relatives and kin – evidence that clearly contradicts notions of older people in Africa being cared for under the wings of their extended families. As a next step we now look at the community level.

Community-based support

Apart from support provided by their families, older people mentioned different ways in which their respective communities provided assistance to them. One method to cope with their adverse life circumstances could be observed in the way that older people tried to gain access to existing co-operatives and associations in order to get support or some capital to start a small business or to buy seeds. It was, however, reported that such efforts largely re-

main futile. Community support was not forthcoming because of the generalized poverty, particularly in the rural context. Most of the community members had nothing to offer. Even those social groups which were formed to assist members at times of difficulties on a mutual basis were not useful to older people because they were not able to reciprocate the services and money. Some respondents acknowledged the presence of informal women groups known as *upatu* (indicating a money exchange network). The major purpose of these groups is to produce savings through the contribution of a certain amount of money by each member. The amount and frequency of a contribution depend on the arrangements of the particular group and the capacity of its members. Despite the fact that these groups prevail, they have actually not much to do with older people's social protection because they are mostly formed by young women. Older people cannot join; they are limited by their age and poor economic position. Hence it can be assumed that poor older women threaten the economic balance of such groups, and that group solidarity comes before solidarity with the older generation (Spitzer, 2010b, p. 125). One older woman aged 73 in Kineng'ene explained why she was unable to be a member of *upatu*:

Associations are there, but I am not a member. I cannot afford it; I do not have money and energy to reciprocate.

In our study, certain rural-urban differences with regard to community support could be observed. In Kingugi support was mainly accessed through religious groups, benevolent individuals and NGOs dealing with vulnerable people, while in the rural study setting such kinds of support were said to be almost absent. In Kingugi only three older people mentioned churches and faith communities as a source of support. In Kineng'ene the local mosque was mentioned as a possible source.

In our mosque, when people contribute money we buy necessary things to maintain the mosque, but there is no budget for older people. Maybe in the future when we have enough money we will arrange for older people. (Focus group attendant)

Although only 5 % of the respondents (2.5 % in Kingugi as opposed to 7.5 % in Kineng'ene) mentioned their neighborhood as potential source of support, there were strong qualitative indications that neighbors do play an important role for older people in their struggle for survival. Neighborhood support, particularly in Kineng'ene, was described as being based on a concept of solidarity that even goes beyond the notion of reciprocity. Thus, even if older people were not in a position to give something in return, they received some kind of assistance from their fellow citizens who fall into the same age group.

We older people do not have a good stand; we just help each other but with difficulties. If a certain person is sick we can take him or her to the hospital by making contributions. (Older woman, 67 years, Kineng'ene)

Lack of government and donor support

One area of investigation in our study was to find out about governmental and donor support structures that could facilitate social protection for older people, and thus contribute towards equitable integration and participation in their communities. In general, study respondents ascribed high significance to the role of the government, only that its presence was hardly recognized on the ground. Some respondents had high expectations towards the government, as can be seen in the following quotation:

My opinion is that the government should acknowledge that we are old and that it should help us to improve our lives. The government should bring us assistance like giving us money to buy our daily needs, should build us houses, should give us farm implements, and should give us water and health facilities. (60 year old woman, Kineng'ene)

Many older people complained about poor services on the side of local government officials and a complete lack of government support structures.

Nothing has been done by the government; it hasn't formed any project to assist older people. This ward for example [Nanembo] has no single project to help older people to survive. (Male focus group attendant, Kineng'ene)

It is the government to be blamed – we forward our complaints every day but we have never succeeded. (Male interviewee, 80 years)

A senior political representative had this to say:

There is nothing like a serious intervention mechanism for older people in Lindi.

The questionnaire findings showed quite insignificant support provided by the Tanzanian government. It turned out that only one respondent out of 400 explicitly indicated to receive some support from the government! However, a few older people said that they refer to local government leaders in times of extreme hardship and when no other source of support is available. In Kineng'ene certain disaster and relief committees were mentioned as a possible source of support.

The limited number of respondents who stated some kind of public support (7 %) seemed to be assisted by non-governmental agencies. 4 people mentioned receiving monetary support, 13 received different types of material support (like food and clothing), and 11 stated medical support given to them. Only 7 older people indicated that the support they received adequately met their basic needs.

Focus group attendants also referred to specific homes for the elderly, run by the government or religious organizations. With regard to the general scope of institutional care for older people in Tanzania, there is a limited number of care homes including 17 state-managed and 24 managed by faith-based organizations (MoLEYD and HAI, 2010, p. 23). Members of the research team were able to visit two of these institutions: the so-called destitute camp in Nunge, Dar es Salaam, and another home for older people

in Rasbula in Lindi Municipality (run by the Catholic Church). It could be observed that they are under-resourced and in poor condition. Such institutions were further regarded as not being culturally appropriate in the Tanzanian context since they rather isolate older people from their communities instead of integrating them.

Visit of the *destitute camp* in Nunge, Dar es Salaam:

The older people's camp is situated in Nunge in a poorly developed area with low infrastructure, situated south of Kurasini Creek. The camp was erected during the colonial era to host people suffering from leprosy. At the time of the visit approximately 200 older people lived there (some with family members). Many of them suffer from the effects of leprosy and other chronic diseases. The governmental institution is poorly equipped and has only few staff members. Availability of food was described as rather irregular by the residents. Some older people managed to cultivate a small *shamba* (field) next to their house. This not only provides them a base for subsistence consumption but also serves as an activity deemed as being meaningful and productive in old age. Some residents established contact with neighbors outside the camp; others criticized that they were discriminated against by the local community due to their double stigma of being old and their leprous condition. In general, it seemed that the older people who lived in this institutional context had established certain coping mechanism and solidarity structures amongst themselves in order to make the best of their situation. An old man who showed ostensible leprosy symptoms told the researcher: "I have lost my fingers, my wife is blind, and the soil is barren. But if I look at my grandchild's future it makes me happy." Whatever money he can get is invested towards the education of his descendants.

Awareness of rights, entitlements and policies

It has already been outlined that there is a good number of policy documents expressing the political will to address older people's rights and needs. The promising National Ageing Policy, the respective comments in the national poverty reduction strategies, and the National Social Protection Framework, just to mention a few, provide a sound base, at least theoretically. It was in the interest

of our study to learn if these policy obligations and the corresponding rights and entitlements were known to older people themselves. The responses to this question provide a striking picture (see tables 10 and 11). In Kineng'ene only 11 % of the total respondents were able to state any specific right or entitlement to services for older people. In terms of gender differences, the figures show a knowledge level of 19.2 % of older men as compared to 6.3 % of older women. Thus an overwhelming majority of respondents (89 %) were completely unaware of existing political instruments affecting their lives. In contrast, in the urban context knowledge levels were three times higher: In Kingugi 33.5 % of the older people could name at least one of the existing rights and entitlements, although gender differences were appalling as well. In the urban setting 47.9 % of male respondents showed a certain level of awareness, while the proportion of female respondents was only 20.8 % – still being more than three times higher than those of their female counterparts in rural Kineng'ene.

Again, when it comes to policies affecting older people, out of 400 respondents there were only 32 (8 %) who acknowledged being

**Table 10: Awareness of older people about their rights and entitlements
(in absolute numbers and in per cent; n = 400)**

	Location							
	Kingugi				Kineng'ene			
	Male		Female		Male		Female	
	n	%	n	%	n	%	n	%
Aware of rights and entitlements on various services	45	47,9	22	20,8	14	19,2	8	6,3
Not aware of rights and entitlements on various services	49	52,1	84	79,2	59	80,8	119	93,7
Total	94	100,0	106	100,0	73	100,0	127	100,0

**Table 11: Awareness of older people about any policy that targets older people
(in absolute numbers and in per cent; n = 400)**

	Location							
	Kingugi				Kineng'ene			
	Male		Female		Male		Female	
	n	%	n	%	n	%	n	%
Aware of policies targeting older people	18	19,1	5	4,7	8	11,0	1	0,8
No awareness of policies targeting older people	76	80,9	101	95,2	65	89,0	126	99,2
Total	94	100,0	106	100,0	73	100,0	127	100,0

aware of at least one policy that targets older people. Knowledge gaps in line with gender and rural-urban differences were apparent. Whereas in Kineng'ene the total awareness rate ranged at 4.5 %, in Kingugi it turned out to be 11.5 %. With regard to gender differences it can be stated that in the rural context 11 % of older men knew one of the existing policies on older people, while only one single woman (0.8 %) responded accordingly. In the urban setting male awareness was registered at 19.1 % and female awareness at 4.7 %.

If one takes the most important political document on older people in Tanzania, the National Ageing Policy, it means that the majority of older people involved in our study (92 %) turned out to have absolutely no information about it. Some older people acknowledged that it is not only them who lack sufficient knowledge about regulations, entitlements and policy documents. They blamed the very government authorities who are responsible for the implementation of existing policies and laws of being inadequately informed and aware. As one respondent in the focus group in Kingugi put it:

Most people, even leaders at ward and village levels, do not know existing policies in our country. This makes it difficult for them to fulfil their responsibilities.

The above figures call for educational interventions and awareness programs that simultaneously target older people as well as the general public on issues of older people's rights and entitlements and corresponding legislations. Such programs are particularly relevant in neglected rural areas and with regard to older women. Since it can be assumed that the enormous lack of awareness correlates with high illiteracy rates and limited access to education and information in rural areas and among (older) women, a need to initiate tailor-made adult education programs seems to be obvious.

But awareness and knowledge about existing regulations and laws is not sufficient. What is still missing are effective operational steps towards poverty reduction, the promotion of basic human rights and social protection for the most vulnerable. As participants in the focus groups in Temeke put it, they may not know about their rights and policies affecting them, but they don't bother because what they definitely know is that the few they are aware of are actually not implemented.

There is a national policy but there is nobody to implement it. It is just there in books but no implementation. (Female respondent, 66 years, Kineng'ene)

Marginalization, discrimination and social exclusion

When conducting this study, it was our intention to not only explore economic and needs-based indicators of social protection, but also look at social factors that influence older people's lives. The general picture which emerged from our findings is that older people feel neglected by society and face a multitude of problems that exclude them from the possibility to adequately participate in social, cultural and economic life. In interviews and focus groups multifaceted issues of discrimination were brought up. These refer

to being systematically disadvantaged in terms of discrimination against people in their old age, a phenomenon which gerontologists call ageism. Thus the label of being perceived as old is associated with certain stereotypes and prejudices about the roles, functions and capabilities of older people, which in many ways tend to be rather negative. A focus group attendant in Kingugi commented on the general attitude towards older people:

Older people are troublesome, witches and are no longer energetic to do some work, especially the hard one. They are beggars, intolerable, luggage in the family; they are useless, can die any time and should be treated like children because as you grow older the mindset becomes more childish.

In interviews older people reported to be mistreated by family and community members, neglected by government officials, chased away by health officers, and left out by schemes that provide loans in order to facilitate income generating activities. In the urban setting of Kingugi older people frequently mentioned their desire to be eligible for one of the existing credit and loan programs but lamented to be discriminated against on grounds of their age. As one respondent put it:

We are not given loans because they think we might die any time, so how can they get repaid? But we are the ones who sell pies to get money for school fees of our grandchildren. (Male respondent, age unknown, Kingugi)

It was also interesting to note from the focus groups in Kineng'ene that there was a slow but growing tendency towards lack of love and respect for older people as persons who deserve to be well taken care of. Throughout the discussion we could note that the privileged social position of respected older people which was based on the belief that the fortune of an individual is influenced by good or evil will of his ancestors, no longer exists in the minds of young people. As has been mentioned already, the research team frequently came

across a popular Swahili saying which strongly indicates the loss of value associated with the elderly: “Umepitwa na wakati” (“You are outdated”).

The burden of older people was to some extent explained in terms of intergenerational conflicts, thus accusing young people of not caring about the elders. This is how one respondent put it into words during the focus group in Kineng’ene:

The youth think that they are wasting time to take care of old people, they think old people are not productive. Those who take care of their parents it is because of God’s blessings. We are told from the Holy Bible and the Koran that we are supposed to respect our parents so that we can live longer, but that is not done. We have closed doors to older people.

A number of older people expressed desperation when talking about their position in the community. In Kineng’ene the general attitude of the community towards older people was referred to as “dingi hafai” (pejorative term for old person). In some cases it was mentioned that older people went begging for food and other basic necessities from neighbors and community members. Even worse, in Kineng’ene incidents were reported where older people were totally secluded from the community. It was therefore not surprising to hear that some older people were even starving to death.

Other aspects raised by study respondents with regard to discrimination refer to issues of gender and disability. While older women are generally in a situation that leaves them exposed to various risks, disadvantages and vulnerabilities, this seems to be particularly true with regard to older women with disabilities whose number in the rural study site has been estimated as being quite high. Although this particular group of older people is explicitly mentioned in the National Ageing Policy, nothing is done to address the precarious living conditions of both disabled older women and men at a grass-roots level. One female respondent gave her sentiments of attitudes towards older people, thus referring to another contributing circumstance that profoundly affects older women in a negative way:

First of all older people should be valued, they should not be humiliated. Older people are like other human beings, they should not be mistreated, they should not be called witch, they should not be killed because they have grey hair and red eyes. (60 year old woman, Kineng'ene)

The statement alludes to the widespread phenomenon of witchcraft allegations which almost exclusively concern older women as opposed to older men. As has been discussed in Kineng'ene, when an older woman is discredited as being involved in *uchawi* (witchcraft), this normally indicates that a serious fight about inheritance properties is in the background of the conflict.

To sum up, while older people are generally in a situation of being marginalized, discriminated against and socially excluded in their respective communities, older women are exposed to additional social risks. These risks are due to a number of combined factors including a. being a woman, b. being a woman in her old age, c. being an older woman with disabilities, and d. being an older woman confronted with undue witchcraft accusations. The widespread violation of older women's rights in Tanzania, including prevalent gender-based violence against older women, has been clearly demonstrated in a *thematic shadow report* by HelpAge International (2008b). With this scenario we hold that strategies to meet older people's challenges need to be geared not only at bridging the missing social protection gap, but also at addressing some structural, cultural and gender-based problems that limit older people from enjoying their fundamental rights and entitlements.

From empirical research to practical intervention:
Report on a goat loan project

Goats and social protection:

Follow-up project for older people in Kineng'ene

After having presented the essentials of our empirical findings, we now provide a short background story about a small-scale follow-up project in the rural study site of Kineng'ene village in Lindi. From

the very beginning, when we designed the framework of our study on social protection for older people, it was our intention to initiate a concrete intervention based on the generated empirical findings. Discussions with the age care organization CHAWALI and with village leaders in Kineng'ene called for a non-monetary credit program in the form of a "goat loan project". The rationale for such an initiative was set by the fact that older people tend to be excluded from credit and loan schemes due to age limits and age discrimination. Hence the development of small-scale investment programs seems to be a tangible alternative to enhance their livelihood opportunities (HelpAge International, 2004). The idea of the goat loan project resulted from a similar program in Ruvuma Region which was co-sponsored by the European Union and HelpAge International and showed significant effects on alleviating rural poverty for households headed by older people through income generating activities, e.g. through selling manure and milk (HelpAge International, 2009a). Such projects can be located within a social protection framework referred to as "asset protection and building" (Ellis, Devereux and White, 2009). Since poor households are asset-constrained by definition, ameliorating these constraints can provide an effective route out of poverty. For a poor rural area like Kineng'ene, a given loan in form of livestock can contribute to asset building as well as food security and health promotion.

The project (which started in February 2010) has been initiated through a partnership between the local organization CHAWALI and the Austrian NGO AfriCarinthia, and was equally sponsored by the provincial government of Carinthia, Austria, and private donations. From the initial start of the project it was regarded as crucial to closely collaborate with local government authorities and village leaders so as to ensure proper implementation backed by political will and support, but also to reach a high level of ownership among the concerned population.

The project is designed in a way that older people's households are provided with a loan in the form of two female goats. In the

first phase of the project 50 older people were identified and given the two goats, whereas 20 older people were also given a male goat for breeding purposes. After a period of some months the males should be forwarded to other households following a rotation principle. Criteria to identify beneficiaries included age (older than 60 years), degree of vulnerability (household status), the number of dependants (particularly grandchildren living in the same household) and gender (50 % of beneficiaries were older women, widows were given priority). In total 120 goats were distributed. The underlying idea of the project is that not only the first recipients should benefit but also other older people and their relatives. Thus it is foreseen that the first female offspring of the livestock credit is returned to CHAWALI after a period of six months and subsequently forwarded to another beneficiary. The second beneficiary will take the same responsibilities until she or he provides a female offspring to a third beneficiary. The method stipulates that the liability for the provided animal will cease once a beneficiary has supplied the required offspring to another selected beneficiary – then the credit is settled (Spitzer, 2010b, p. 130).

The overall objective of the project was to improve the quality of life and the economic and social well-being of older people and their dependants. The specific objective was to support older people in meeting their basic needs, hence to reduce poverty and vulnerability within the project area (Pirker and Ebner, 2010). In the long term, it is expected that the entire village community would benefit from the scheme. Kineng'ene has 3,400 inhabitants, out of which 300 are older people (information provided by CHAWALI).

There were several preparatory activities before the actual project was launched. In a meeting with 181 older people from the communities of the three sub-divisions Mchochoro, Mmukule and Nanembo, the first beneficiaries were selected in a participatory process. Thereafter, these beneficiaries had to build proper goat huts, their personal contribution to the project being manpower and timber. Immediately before the start of the project, a

one day workshop was held in order to identify and reflect on key challenges and constraints of such a project. This workshop was offered by two Austrian experts for psychodrama and supervision, Klaus Ottomeyer and Helga Mračnikar, and facilitated by members of CHAWALI. Apart from a group of beneficiaries, also village leaders, government officials, a veterinary officer and an Austrian delegation attended this meeting. It has also to be noted that during the implementation period and the first evaluation process, Austrian social work students participated in the project as part of their fieldwork training. This cooperation contributed to the intercultural characteristics of the whole project.

Milk, meat and money: First evaluation data

Upon the start of the project, a thorough assessment of the beneficiaries' economic status and social condition was made. We just present some figures here. 27 beneficiaries were between 60 and 69, 15 between 70 and 79, 7 between 80 and 89, and one was beyond 90. 20 recipients were either widowed or divorced and had thus to earn their living without a spouse. 30 beneficiaries indicated that they had up to 4 dependants in the household, 13 had between 5 and 10 dependants, and 4 had even more than 10 dependants. Only 5 older people were in possession of goats before the project started, most of them only had some chicken (25) or no animals at all (24). Interestingly, only 4 older people were able to prove their age with an identity card; the overwhelming majority did not have any kind of identification in written form.

After the first year of the project an evaluation was conducted through individual interviews with each beneficiary. It was reported that within the project period of 14 months 54 goats were born, out of which 25 were female and thus bound to be given to another household in the community. On the other hand, 17 goats died for various reasons. A big problem in animal husbandry in the region is water supply – for both livestock and human beings. The main interest of the evaluation focused on the question whether

there were significant improvements in the lives of the beneficiaries and their family members due to the goat loan project, or in other words: Can such a small-scale initiative contribute to the social protection of older people?

In principle all goat recipients stated that the project is beneficial to them and that it offers possibilities to improve their situation. As one village leader put it, the advantages of the scheme are clearly seen in terms of “milk, meat and money”. The goats form a base for the increase of income which enables older people to better solve their problems and to better afford food, clothes and medical treatment for themselves and the ones they have to care for. Beneficiaries felt enabled to build new houses and to better meet the school fees for their grandchildren. In more practical terms, the goats also provide milk on a regular basis and meat if enough kids are born. The goat dung also works well as a fertilizer. 17 beneficiaries also stated that the (male) offspring serve well as they can be given away to support other family or community members.

Problems and disadvantages which have been mentioned refer to the additional responsibility for older people to take care of the goats. 13 older people indicated that the loss of a goat meant some distress for them since they felt particularly responsible for the sponsored animals. 42 older people stated their worries to keep the goats properly, which proves the value this ownership has for them. With regard to their main concern – the lack of water during the dry season and in periods of drought – beneficiaries suggested to become politically active and try, with combined forces, to convince the government to implement a water project – an indication that older people also felt somehow empowered by the project. 14 older people voted for a further expansion of the project; more community members should benefit from the project, other villages should become eligible, the number of goats should be increased. While writing these lines, a proposal for a second village is on its way.

6. Social pensions – a way forward?

“Older people need money to meet their needs. If you have money you can fulfill your needs. When you are sick you can go to the hospital. You can employ people to assist you in cultivating your farm. And when you get crops you can sell them.”

61 year old respondent, Kineng'ene, Lindi

Following the theoretical reflections, socio-political challenges and empirical findings presented in this book, one has to conclude with some key messages. *First*, older people in Tanzania lack adequate formal social protection. This has been seen in extremely scarce entitlements to pensions, inadequate health services and limited social assistance programs for poor and vulnerable households headed by older people. One study respondent put it in a Swahili nutshell: “Kinga jamii hamna!” (“Social protection is not in place!”) – Where it is interesting to note that the Swahili term which is used in the current debate on social protection in the country – *kinga jamii* – actually means “protection of the community”. But communities and families are on a broad base affected by chronic poverty and a situation which can be characterized as “generalized insecurity” (Wuyts, 2006), thus leading to a *second* conclusion: Older people also suffer from diminishing family and community support. This tendency puts formally reliable informal social protection systems under severe stress. This stress is aggravated by the widespread social and economic impact of HIV/AIDS and other calamities which affect the entire society. Thus *third* it must be stated that older people face a series of multi-faceted problems including poor living conditions, low income, inadequate water supply, food insecurity, limited access to proper health care, additional burden in the care for their sick children and orphaned grandchildren, lack of education, marginalization, inequity in terms of age and gender discrimination, and social exclusion. In spite of

these difficult life circumstances, it has *fourth* to be stated that older people show remarkable resilience and impressive coping mechanisms and survival strategies in order to make both ends meet. They engage themselves in various agricultural and economic activities to earn a living, sometimes up to a very old age until they reach their physical limits. These limits have certainly been reached when older people become completely dependent on others.

This hitherto described situation requires the attention of policy makers and other relevant stakeholders. Fortunately, it can *fifth* be said that the government of the United Republic of Tanzania has already responded to the growing socio-demographic changes by formulating some far-reaching policies and also through the implementation of some small-scale programs. But there is a big gap between rhetoric and practice. The role of the state is crucial not only in devising policies and conceptualizing programs (which are too often left to NGOs and other civil society actors to be realized), but first and foremost in terms of developing concrete laws that enforce existing policies and set a legal and thus fiscal base for precise actions. Thus implementers will be legally bound to ensure proper provision of entitlements enshrined in the corresponding policy documents.

A last comment refers to the question of state-induced regular cash transfers for older people, or what has become popular as *social pensions* or *universal, non-contributory pensions*. As has been seen in chapter four, there is already a small but growing debate on cash transfers for vulnerable population groups, including older people, as a possible means of social protection in Tanzania. But the political rhetoric is rather reserved, and pilot projects in place are piecemeal and limited in scope, coverage and cash.

Several sub-Saharan African countries provide social pensions to their older citizens; some have universal character and try to reach the entire older population; others are targeting particularly vulnerable groups of elderly people. Botswana, Mauritius and Namibia have universal pensions; schemes in South Africa and Sen-

egal are means-tested; Mozambique operates a cash transfer system targeting households headed by older people, chronically sick or disabled persons (Gorman, 2004). Swaziland has an old age grant, and Lesotho has also introduced a universal old age pension for all citizens aged 70 and over (Ellis, Devereux and White, 2009, p. 154). According to these authors, social pension schemes essentially work rather well. In Swaziland and Lesotho they have puzzled pessimistic predictions about their budgetary sustainability and the safety of pensioners collecting cash (op. cit., p. 26). Research on non-contributory pensions in Brazil and South Africa showed that such pension programs reach a large number of poor older people at relatively low cost: 1 % of the GDP in Brazil and 1.4 % in South Africa (Barrientos et al., 2003). For Tanzania it has also been impressively documented that the introduction of a universal non-contributory pension is both fiscally affordable and sustainable and could be achieved for the equivalent of 1 % of the country's gross domestic product (MoLEYD and HAI, 2010). The study confirms the impacts of universal social pensions on poverty as being significant both in terms of direct beneficiaries, namely older people, and the population as a whole. As has been rightly put by Kaseke (2005, p. 97), the social protection of older people cannot be addressed in isolation but is inextricably linked to that of the rest of the population.

The above mentioned study on Tanzania claims that eligibility criteria should be kept as simple as possible – limited to age and citizenship. In other words, every older person beyond a certain age limit should be eligible for a social pension, regardless of his or her employment record, economic situation and social status. Regular cash transfers can have a positive impact on chronic or shock-induced poverty; they address social risks and reduce economic vulnerability (Samson, van Niekerk and Mac Quene, 2006, p. 7). And they also show high significance in terms of prevention since they tackle the propensity of households to poverty (Barrientos et al., 2003, p. 7). Older people and their households are likely to gain en-

hanced capacities for their social and economic well-being and are thus less susceptible to deprivation. In such a sense social pensions can also be viewed as a means of empowerment. The transformative potential of social protection (Devereux and Sabates-Wheeler, 2004) should not be underestimated. It offers an opportunity to reframe images of older people from passive recipients to active agents. As such, they also contribute to the overall social and economic development of a society.

A universal pension approach can also strengthen social cohesion since it might cause solidarity effects: Tax-payers might be more willing to contribute to a universal cash transfer system for older people if they are convinced that one day they will benefit from it themselves. What lies at the core of such a principle is a social contract between the state and its citizens. Hickey (2005) has demonstrated that it is mainly politics that shape social protection in Africa. It is obvious that without political will social protection programs are doomed to failure.

In the past, international development and donor agencies showed limited interest in financing social protection programs. But it seems that this view is changing, and there is growing recognition that donors need to address the issue of financing social protection (Gorman, 2004, p. 48). According to Hickey (2005, p. 10), the overarching aim for donor agencies should be to strengthen and extend political contracts for social protection where they exist, and to operate towards their establishment where they do not, in part through a “do no harm”-policy.

There are also critical voices in the international discourse on social protection which claim that the focus on social pensions might be too narrow (Lloyd-Sherlock, 2010). Social transfer programs have demonstrated remarkable success in reducing poverty in many developing countries, but they should not in themselves be seen as a panacea for poverty eradication. They do not substitute other development activities but rather serve as an essential element in a pro-poor strategy, effectively complementing invest-

ments in health, education and other sectors (Samson, van Niekerk and Mac Quene, 2006). According to these authors, cash transfer programs both reinforce and are strengthened by successful delivery of complementary social interventions. With regard to older people, this could for example mean a combination of social pensions and fee waivers for medical services.

We argue and reaffirm that the provision of universal social pensions is one important tool to improve older people's life and to grant them basic social protection. However, since a social pension system cannot be envisaged to be the sole means to eradicate poverty, additional efforts and programs should be foreseen. We think of designing specific income generating projects for able-bodied and energetic older people who are more than willing to engage in economic activities but lack access to cash and credit due to their age. In the same line we also stress the need for tailor-made programs to support older people with special needs, for example handicapped older people. Deliberate efforts to promote and strengthen inter-generational relations should also be viewed as paramount. These will contribute towards the restoration of long held moral values of respect, support and care of older persons.

To ensure and guarantee that rights and entitlements of older persons are met, laws to enforce respective policies should be formulated and older people involved in key decision making authorities. More specifically, government directives to mainstream older people's issues into district development plans and budgets should be in place. Concrete costed plans of action to ensure realistic and measurable realization of targets as enshrined in the national policies pertaining to older are inevitable. Last but not least, the government should also provide continuous educational and sensitization programs for older people on existing policies which safeguard their rights and entitlements.

It is still a long way in the search of protection.

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Abbreviations

AFRAN	African Research on Ageing Network
AIDS	Acquired Immuno Deficiency Syndrome
AU	African Union
CHAWALI	Chama cha Wastaafu na Wazee Lindi (Lindi Retired and Older People's Association)
GDP	Gross domestic product
HAI	HelpAge International
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
MDGs	Millennium Development Goals
MKUKUTA	Mkakati Wa Kukuza Uchumi Na Kupunguza Umaskini Tanzania (National Strategy for Growth and Reduction of Poverty)
MoLEYD	Ministry of Labour, Employment and Youth Development
NGO	Non Governmental Organization
NSPF	National Social Protection Framework
SPF	Social Policy Framework for Africa
TASAF	Tanzania Social Action Fund
Tsh	Tanzania Shillings
UNDP	United Nations Development Programme

About the authors

Zena Mnasi Mabeyo was born in 1968 in Korogwe District which lies in the North-Eastern zone of Tanzania. She has background training in Social Work at the level of Advanced Diploma and also holds a Diploma in Gender Studies and a Masters Degree in Human Resource Management with specialization in Public Administration. With effect from 2008 she had enrolled herself in a PhD study program in the field of Social Psychology at the Alpen-Adria-University in Klagenfurt, Austria.

She has vast teaching experience as a lecturer at the Institute of Social Work in Dar es Salaam since 1995, a part time lecturer at the Open University of Tanzania since 2008 and a visiting lecturer at the Carinthia University of Applied Sciences, Austria.

Zena has been directly involved in debates and initiatives fostering the social protection agenda in Tanzania including the facilitation of various workshops conducted by HelpAge International. She was the co-senior researcher in the study on “The (Missing) Social Protection for Older People in Tanzania”. Currently she is the Tanzanian country coordinator of a research project on the promotion of social work towards social development and poverty reduction in East Africa which involves four schools of social work in the region and one Austrian partner.

Helmut Spitzer was born in 1966 in Villach, Austria. He has vast working experience in different fields of social work and psychosocial support including work with children, families and older people, and extensive research experience in the East African context. Since 2006, he holds a position as a professor for social work at the Carinthia University of Applied Sciences, Austria.

Helmut has published on child soldiers, street children, older people and various issues pertaining to social work both in Austria as well as in African contexts. Since 2011, he is the coordinator of a research project on the promotion of social work towards social development and poverty reduction in East Africa.

Older people in Tanzania are disadvantaged and marginalized in many ways. They lack adequate formal social protection. They also suffer from diminishing family and community support. They face a series of multi-faceted problems and care for most AIDS-orphans, yet they are a much neglected target group in national social policy and international development programs.

This book provides a theoretical discussion of ageing issues and their linkage to social protection. It depicts various policy frameworks at international, Pan-African and national level. And it provides extensive empirical findings on older people's living conditions.

"We hope that this book will inform and inspire scholars, students, practitioners and policy-makers on the importance of the role older people play in society. The way we deal with the older generation indicates the degree of our humanity." (Helmut Spitzer & Zena Mnasi Mabeyo)

